INC. VILLAGE OF LLOYD HARBOR

HIGHWAY DEPARTMENT | EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name | **First Name** | **Middle Initial** | **Date**

Street Address | **Apartment / Unit**

City | **State** | **ZIP Code** | **Phone**

Email Address | **Position Applied For**

ELIGIBILITY AND BACKGROUND

Do you have a valid New York State driver's license? ☐ Yes ☐ No — **License No. / Class**

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Have you previously worked for the Incorporated Village of Lloyd Harbor? ☐ Yes ☐ No — **If yes, when?**

Have you ever been convicted of a felony? ☐ Yes ☐ No — **If yes, explain.**

Have you ever had a work-related injury requiring workers' compensation? ☐ Yes ☐ No — **If yes, explain.**

EDUCATION

High School Name | **Location**

From | **To** | **Graduated?** ☐ Yes ☐ No | **Degree / Diploma**

College Name | **Location**

From | **To** | **Graduated?** ☐ Yes ☐ No | **Degree / Diploma**

Other Education / Training Name | **Location**

From | **To** | **Graduated?** ☐ Yes ☐ No | **Degree / Diploma**

PROFESSIONAL REFERENCES

Please list three professional references who are not relatives.

Reference 1 - Full Name | **Relationship** | **Phone**

Company / Address / Email

Reference 2 - Full Name | **Relationship** | **Phone**

Company / Address / Email

Reference 3 - Full Name | **Relationship** | **Phone**

Company / Address / Email

INC. VILLAGE OF LLOYD HARBOR

HIGHWAY DEPARTMENT | EMPLOYMENT APPLICATION

PREVIOUS EMPLOYMENT

Employer 1

Company

Phone

Address

Supervisor

Job Title

Starting Salary

Ending Salary

Responsibilities

From

To

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

Employer 2

Company

Phone

Address

Supervisor

Job Title

Starting Salary

Ending Salary

Responsibilities

From

To

Reason for Leaving

May we contact this employer for a reference? ☐ Yes ☐ No

MILITARY SERVICE

Branch

From

To

Rank at Discharge

Type of Discharge

If other than honorable, explain

CERTIFICATION AND SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge.

I understand that false or misleading information may result in disqualification from consideration or termination of employment.

I authorize the Village to verify the information provided, subject to applicable law.

Applicant Signature

Date