



# INC. VILLAGE OF LLOYD HARBOR

## Employment Application

### APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Age		Date of birth			
Position Applied for					
Do you have a NYS Driver's License		YES <input type="checkbox"/>	NO <input type="checkbox"/>	License Number	Type/Class
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Have you ever suffered a workman's comp injury?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

### EDUCATION

High School					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other					
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

### REFERENCES

*Please list three professional references.*

Full Name		Relationship
Company		Phone (     )
Address		
Full Name		Relationship
Company		Phone (     )
Address		
Full Name		Relationship
Company		Phone (     )
Address		

**PREVIOUS EMPLOYMENT**May we contact this employer for a reference? YES  NO 

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 

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

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date