



# TOWN OF EASTCHESTER – LAKE ISLE Employment Application

This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate such. We are an Equal Opportunity Employer and consider all applications for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class.

Name (First, Middle, Last)		E-Mail Address		
Address		Home Phone Number Cell Phone Number		
Position(s) Desired				
Are you currently employed? If yes, may we contact your employer to obtain employment information?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with the Town of Eastchester before? If yes, give dates From ____/____/____ To ____/____/____				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? Employment eligibility verification will be required upon employment.				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, can you provide required proof of your eligibility to work [Working Papers]?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Type of School Attended	Name and Location of School	Number of Years Completed (do not give dates)	Course of Study	Diploma or Degree Obtained
High School or Other				
College				
List certificates (including CPR, WSI, First Aid) and licenses (including driver license) that would support your qualifications for employment. List expiration dates next to each certificate and license.          If you are applying for a position which requires a Driver License, provide Driver License Number here: _____		List your hobbies and extracurricular activities as they relate to a recreation program. Include the areas that you are qualified to instruct or any activities you can do with children that are not sports oriented.		
<b>References: Two of the three should be in writing and ALL must be by a non-relative over 21 years of age</b>				
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known

Present or Last Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)			
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			
Next Previous Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)			
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			
Next Previous Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)			
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local regulations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_