Village of Northport

-Incorporated in 1894-224 Main Street Northport, New York 11768 Phone: (631) 261-7502 Fax (631)261-7521

Employment Application

Name:			
	Last	First	Middle Initial
Address: _			
	Street	Town	Zip Code
Home Pho	one:	Cell Phone: _	
Social Sec	urity No:	Driver's L	icense No:
Name of (Current School:		
Grade Lev	vel as of July 1st: Hig	h School (9) (10) (11) (12)	College (1) (2) (3) (4) (5)
Position I	Desired:		
Employm	ent Desired: Season	nal () Full-Time () Part	t-Time () Other ()
Dates Ava	ailable:	until	_ -
Certification	ons: (include dates o	of expiration):	
Previous I	Employment/Exper	ience:	

1. Reference Name:				
Reference Address:				
Reference Phone:	Relationship:			
2. Reference Name:	_			
Reference Address:				
Reference Phone:	Relationship:			
2. Reference Name:				
Reference Address:				
Reference Phone:	Relationship:			
In case of emergency, please notify:				
Contact Name:				
Contact Number:	Relationship:			
I hereby certify that all answers to these questions and all statements on this application are true and I agree and understand that any misstatement of material facts contained in this application may cause forfeiture upon my part of all rights to any employment sought hereunder.				
Signature:	Date:			