



TODAY'S DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# TOWN OF ISLIP

OFFICE OF THE SUPERVISOR  
Department of Personnel and Labor Relations

TOWN HALL • 655 Main Street • Islip NY, 11751  
Phone (631) 224-5520 • Fax (631) 224-5771

Before answering the following questions, please be advised that the Town of Islip does not discriminate in employment practices because of race, creed, color, national origin, sex, age, disability, and marital status or arrest records. Please print all answers below.

Position applied for \_\_\_\_\_ Full-Time  Part-Time

If Part-Time, days and hours available \_\_\_\_\_

Were you previously employed by us?  Yes  No

If yes, when \_\_\_\_\_

and what position? \_\_\_\_\_

### PERSONAL INFORMATION

Mr. / Mrs. / Miss / Ms. ← (Circle One)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Social Security #: \_\_\_\_\_

Have you ever been convicted of any crime (felony or misdemeanor)?  Yes  No

Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?  Yes  No

Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?  Yes  No

Did you ever resign from any employment rather than face dismissal?  Yes  No

Did you ever receive a discharge from the Armed Forces of the United States which was other than honorable or which was issued under other honorable circumstances?  Yes  No

If you answered "yes" to any of the above five questions, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

Are you **UNDER** 18 years of age?  Yes  No If **YES**, date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you a veteran of the U.S. Forces?  Yes  No

Are you an exempt volunteer firefighter?  Yes  No

Do you have any certifications, licenses, or CDL's?  Yes  No

If yes, please indicate which \_\_\_\_\_

Have you ever been employed by or are you currently employed by another municipal agency, government or school in any capacity \_\_\_\_ YES \_\_\_\_ NO. If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION INFORMATION**

	Name of School	Course/ Major	Circle Last Year Completed	Did you Graduate?	Degree
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate/Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT INFORMATION**

Most recent position first. You may attach resume if available.

		Length of Employment	Position Held	Describe duties	Last Salary	Reason for Leaving
Company Name						
Employer Name						
Address						
Company Name						
Employer Name						
Address						
Company Name						
Employer Name						
Address						

May we contact the employers?  Yes  No

**TWO REFERENCES (Not Relatives)**

Name	Address	Telephone #
		( ) -
		( ) -

**Add any other information you consider relevant to your employment application.**

\_\_\_\_\_

\_\_\_\_\_

Do you have any relatives that work for the Town of Islip?  Yes  No

If yes, give their name and which department they worked in:

Relatives Name: \_\_\_\_\_ Department: \_\_\_\_\_

Relatives Name: \_\_\_\_\_ Department: \_\_\_\_\_

The facts set forth in this application are true and complete. I understand that any false statement is cause for immediate dismissal. I also understand that a pre-employment examination relative to minimum physical standards for employment may be necessary.

\_\_\_\_\_  
(Signature)