Applicant's Statement

any willful misstatement of facts may lead to disqu		
SIG	NATURE OF APPLICANT	DATE
New York State Retirement Sy	stem	
All employees of the Town of Mamaroneck mapercent of your bi-weekly salary will be deducted a lacknowledge that I was offered the option to indicated my decision below:	each payday. Please sign below.	` ` ` `
I wish to join the New York State Retirement Sy	stem.	□ Yes □ No
SIG	NATURE OF APPLICANT	DATE
———For Human Resou	irces Department Use O	nlv —
Arrange Interview: ☐ Yes ☐ No	Date of Interview	•
Remarks:		
Interviewed by		
Position(s) Applied For Is Open: \square Yes \square No		
Position(s) Considered For:		
Employ: ☐ Yes ☐ No	Date of Employment	
Job Title	Hourly Rate / Salary	
Notes:		
ByNAME AND TITLE		DATE

APPLICATION FOR EMPLOYMENT

TOWN OF MAMARONECK

740 West Boston Post Road Mamaroneck, New York 10543



(PLEASE PRINT)

POSITION(S) APPLIED FOR		DATE OF	APPLICATION
LAST NAME	FIRST NAME	4	MIDDLE NAME
ADDRESS NUMBER STREET	CITY	STATE	ZIP CODE
TELEPHONE NUMBER(S)		SOCIAL SECURITY	NUMBER
HOME:	WORK:		1
How did you hear about employment opp	portunities at the town?:		
□ Advertisement	☐ Friend	□ Walk-In	
☐ Employment Agency	☐ Relative	☐ Other	
Have you ever been employed by the Town before? □ Yes □ I			
		If yes, give dates	
Are you currently employed?	- () ()		☐ Yes ☐ No
May we contact your present employer			□ Yes □ No
Are you a United States citizen?			☐ Yes ☐ No
If no, do you have a Resident Alien Card?			□ Yes □ No
On what date would you be available for wo	rk?		
Are you available for:		☐ Full Time ☐ Part	Time ☐ Temporary
Have you ever been convicted of a crime?	VD F D	166	☐ Yes ☐ No
If yes, explain:			

Education

	Name and Address of School	Course of Study	Dates of Attendance	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (specify				

Certifications

Indicate any certifications that you currently possess. You must also attach a photocopy of each certificate.

ORGANIZATION	EXPIRATION DATE

Additional Information

Auditional Intol mation				
Describe any specialized training, experience, skills and/or interests that will give a better picture of your experience.				

Employment Experience

Start with your present or last job. Include any job-related, military service assignments, and volunteer activities.

•	EMPLOYER		ADDRESS	PHONE NUMBER
	JOB TITLE		SUPERVISOR	DATES EMPLOYED
	HOURLY RATE / SALARY		WORK PERFORMED	
	STARTING	FINAL		
	REASON FOR LEAVING		,	
2.	EMPLOYER		ADDRESS	PHONE NUMBER
	JOB TITLE		SUPERVISOR	DATES EMPLOYED
	HOURLY RATE / SALARY		WORK PERFORMED	
	STARTING	FINAL		
	REASON FOR LEAVING		1	
3	EMPLOYER		ADDRESS	PHONE NUMBER
	JOB TITLE		SUPERVISOR	DATES EMPLOYED
	HOURLY RATE / SALARY		WORK PERFORMED	
	STARTING	FINAL		
	REASON FOR LEAVING		!	

If you need additional space, please continue on a separate sheet of paper.

References

1.			()	
	NAME	RELATIONSHIP	PHONE #	
-	ADDRESS			
2.			()	
	NAME	RELATIONSHIP	PHONE #	
-	ADDRESS			
3.			()	
	NAME	RELATIONSHIP	PHONE #	
-	ADDRESS			