

APPLICATION FOR SEASONAL & PART TIME EMPLOYMENT



DOBBS FERRY NEW YORK

FOR PERSONNEL OFFICE USE	
Civil Service Title	
Job Class Code	
Appointment Type	PT or Seasonal
Rate of Pay	
Effective Date	
Dept. Head Signature	

Position applying for: _____

Last Name:		First:		M.I.:		Date:	
Street Address:							
City:		State:		ZIP:		D.O.B:	
Phone:		E-mail Address:					
Are you 18 or older? YES NO		Are you a Westchester County Resident? YES NO		Do you have a Driver's License? YES NO			
Education							
	Name & Location			Course or Major		Degree	
High School							
College or Business							
Graduate School							
Certificate or Special training:							
Employment History (Up to last 5 years)							
Name & Address of Employer		From Mo/Yr.	To Mo/Yr.	Kind of Work Position	Salary	Reason for Leaving	
Do you have any computer skills? YES NO				Can you operate any other equipment? YES NO If yes, specify:			
In addition to English, are you fluent in any other language? YES NO				If yes, specify: _____			
Exempt Volunteer Fireman: YES NO		Veteran: YES NO		Disabled Veteran: YES NO			
Were you ever dismissed or discharged from any employment for reasons other than lack of work?						YES	NO
Did you ever resign from any employment rather than face dismissal?						YES	NO
Have you ever been convicted of any crime (felony, misdemeanor or violations including traffic infractions)?						YES	NO
Did you ever receive a discharge from the armed forces or the US which was other than honorable or which was issued for other than honorable circumstances?						YES	NO
Have you ever forfeited a bail bond posted to any criminal charge(felony, misdemeanor, or violations Including traffic infractions)?						YES	NO
Are you now under charges for any crime (felony, misdemeanor or violations including traffic infractions)?						YES	NO
If you answered "YES" to any questions above, you must give an explanation, attach a piece of paper.							

ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification). This application may be used for review by the prospective appointing authority as part of a background investigation.

Pursuant to 20.45 of the New York State Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.

Applicant's Signature: _____

Date: _____

If under age 18, signature of a parent or guardian is required

"I have read my child's completed application form and hereby give my permission for him/her to be hired by the Village of Dobbs Ferry for the purpose of seasonal/part-time employment and I further give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Village of Dobbs Ferry and upon receipt by the Village of Dobbs Ferry of said revocation my child's employment shall be terminated"

By my signature below, I give permission for _____ to submit to any and all forms of drug testing, (such as urinalysis, breath, and or blood testing), as a condition of seasonal/part-time employment with the Village of Dobbs Ferry in accordance with the Village of Dobbs Ferry and Westchester County's Drug-Free Workplace Policy & Procedures.

Signature of Parent or Guardian: _____

Date: _____