



Town of Oyster Bay
 Department of Human Resources
 Division of Personnel
 Town Hall, Oyster Bay NY 11771

FOR OFFICE USE ONLY

Position _____ Full ___ Part ___

Date of Interview _____

APPLICATION FOR 2019 INTERNSHIP PROGRAM

(PLEASE PRINT)

To Applicant: We deeply appreciate your interest in the Town of Oyster Bay and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in future upgrading. The Town of Oyster Bay is an equal opportunity employer. The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. Federal and New York State Human Rights Laws prohibit discrimination on the basis of age.

PERSONAL

Name: _____ Social Security #: _____
LAST FIRST MI

Present Address: _____
NO. STREET CITY STATE ZIP

Length of residence at present address: _____ Telephone #: _____
YEARS

Previous Address: _____
NO. STREET CITY STATE ZIP

Length of residence at previous address: _____
YEARS

Do you have transportation which will allow you to fulfill the responsibilities of the job for which you are applying?

Do you have a Driver's license? Yes _____ No _____
 If yes, specify: Class: _____
 License Number: _____
 Expiration Date: _____

Were you previously employed by the Town of Oyster Bay? Yes _____ No _____
 If yes, when? _____

Do you presently work for the Town of Oyster Bay? Yes _____ No _____
 If yes, what department? _____

***Please specify what department you are interested in?

Are you a Volunteer Firefighter? Yes _____ No _____

Do you have any impairment (physical, mental or medical) which would prevent you from performing in a reasonable manner, the activities involved in the job or occupation for which you applied? Yes _____ No _____

If yes, please explain:

EMPLOYMENT

(SPECIFY IF MUNICIPAL)

TOTAL TIME EMPLOYED

YEARS: MONTHS:

Dates of Employment:

Hours per Week: _____

Employer: _____ Dept. /Div. _____

Address: _____

Starting Per Final Per
Salary: \$ _____ Year Salary \$ _____ Year

Title & Specific Duties: _____

Reason for Leaving: _____

TOTAL TIME EMPLOYED

YEARS: MONTHS:

Dates of Employment:

Hours per Week: _____

Employer: _____ Dept. /Div. _____

Address: _____

Starting Per Final Per
Salary: \$ _____ Year Salary \$ _____ Year

Title & Specific Duties: _____

Reason for Leaving: _____

***Other experience which qualifies you for this position (INDICATE NUMBER OF YEARS): _____

PLEASE ATTACH ADDITIONAL SHEETS OR A RESUME IF NECESSARY

EDUCATION

(Current full-time registration in a Graduate or Undergraduate Program is required)

High School or High School Equivalency: Yes _____ No _____

Tech or Trade

School: _____

College, University

Or Professional: _____

Graduate

Or Other: _____

MILITARY SERVICE RECORD

Have you served in the Armed Forces? Yes _____ No _____

(a) BRANCH: _____ SERIAL NO.: _____

(b) TYPE OF DISCHARGE: () Honorable () Other _____

(c) Date of entry into active service: _____

Give legal residence (State) at time of entry: _____

(d) Date of release from active service: _____

(e) Date of discharge/separation: _____

REFERENCES

(Please provide three)

NAME	ADDRESS	VILLAGE	TELEPHONE NO.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The facts set forth above in my applications for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigations of my personal, employment, or educational history.

SIGNATURE OF APPLICANT