

SUFFOLK COUNTY DEPARTMENT OF PARKS

P.O. BOX 144
WEST SAYVILLE, NY 11796

APPLICATION FOR TEMPORARY EMPLOYMENT

NAME _____

DATE OF BIRTH _____

NYS PROHIBITS DISCRIMINATION BECAUSE OF AGE

SUFFOLK COUNTY

FULL 9-digit

ADDRESS _____

SOCIAL SECURITY # _____

PHONE # _____

TOWN

STATE

ZIP

EMAIL ADDRESS _____

M

F

PLEASE WRITE NEATLY: If hired, information related to employment/hiring will be sent to you via email; if you do not have an email, please write "NONE".

POSITION DESIRED _____

LOCATION REQUESTED _____

DATES AVAILABLE FOR TEMPORARY EMPLOYMENT

from _____ to _____

ARE YOU PRESENTLY EMPLOYED? YES / NO

IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? YES NO

IF YES, PLEASE EXPLAIN _____

DO YOU HAVE ANY IMMEDIATE RELATIVES PRESENTLY EMPLOYED BY SUFFOLK CTY? YES NO

IF SO, IN WHAT CAPACITY? _____

EDUCATION

	NAME	START/END	GRADUATED	TYPE OF STUDY
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
TRADE SCHOOL			YES NO	

DO YOU HAVE A DRIVER'S LICENSE? YES NO

DO YOU HAVE TRANSPORTATION TO AND FROM WORK? YES NO

NAME _____

LIST ANY SPECIAL QUALIFICATIONS, LICENSES HELD, EQUIPMENT OPERATED (OFFICE & OTHERWISE), ETC _____

PAST EMPLOYMENT

EMPLOYER	DATES	TYPE OF WORK	REASON FOR LEAVING

REFERENCES

NAME	ADDRESS AND/OR PHONE NUMBER

I, the undersigned, understand that if I am accepted for employment by the SUFFOLK COUNTY DEPARTMENT OF PARKS, RECREATION & CONSERVATION, I will be scheduled to work weekends, holidays and any daily working hours anywhere within the SUFFOLK COUNTY PARKS, as designated by the Department, which may include night shifts.

I declare, subject to the penalties of perjury that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole and probation agencies, and former school to provide to Suffolk County Department of Civil Service any and all information including, but not limited to, information as to my character, habits, work ability and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities or damages.

DATE _____

SIGNATURE _____

PRINT.NAME _____