

Town of Huntington Summer Employment Application

Position(s) Desired (1) _____ (2) _____

Name _____

Street Address _____
Street Town Zip Code

Home Phone(_____) _____ **Cell Phone**(_____) _____

Email Address _____

Are you at least 18 years old? _____ **Date Available To Begin Work** _____
(If not how old are you? _____) (In order to be considered for employment with the Town of Huntington, you must be sixteen years of age at the start of the program)

Are you eligible for employment in the United States? Yes _____ No _____
(Proof of eligibility will be required prior to commencement of employment)

EXPERIENCE: (Beginning with the most recent, describe below in detail ALL paid and volunteer employment relevant to the position sought).

(1) _____ / _____
Firm Name Exact Job Title Length of Employment (Mo./Year) (From) (To)

Job Duties

(2) _____ / _____
Firm Name Exact Job Title Length of Employment (Mo./Year) (From) (To)

Job Duties

Have you previously worked for the Town of Huntington _____ **NO** _____ **YES** **WHEN?** _____

Do you have a license, certificate or other authorization to practice a trade or profession?

Yes _____ No _____ **Name of trade or profession** _____

Any further training, please list _____

EDUCATION

	Name of School	Course/Major	Circle Last Year Completed	Did you graduate?	Degree
High School			9 10 11 12	Y / N	
College			1 2 3 4	Y / N	
Graduate/Other				Y / N	

Please complete the reverse side of application

If you have any of the following certifications, please check and include expiration date:

<input type="checkbox"/> Water Safety Instructor Aide _____	<input type="checkbox"/> CPR For Professional Rescuer _____
<input type="checkbox"/> Community Water Safety _____	<input type="checkbox"/> First Aid Basics _____
<input type="checkbox"/> Water Safety Instructor _____	<input type="checkbox"/> Community First Aid & Safety _____
<input type="checkbox"/> Lifeguard Training _____	<input type="checkbox"/> E.M.T. _____
<input type="checkbox"/> Adult CPR _____	<input type="checkbox"/> A.E.M.T. _____
<input type="checkbox"/> Infant & Child CPR _____	<input type="checkbox"/> R.T.E. _____
<input type="checkbox"/> Waterfront Module _____	<input type="checkbox"/> A.E.D. _____

Please indicate the following: 3= you are a qualified expert with *teaching experience*, 2 = you are excellent in the activity, but with *no teaching experience*, 1 = you are *familiar with the activity*, but not qualified to teach:

LEISURE ACTIVITIES

<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Tennis	<input type="checkbox"/> Exercise
<input type="checkbox"/> Soccer	<input type="checkbox"/> Dance
<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Nature Study
<input type="checkbox"/> Hockey	<input type="checkbox"/> Marine Science
<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Reading
<input type="checkbox"/> Skateboarding	<input type="checkbox"/> Arts & Crafts
<input type="checkbox"/> Basketball	<input type="checkbox"/> Karate

<input type="checkbox"/> Sculpture
<input type="checkbox"/> Piano
<input type="checkbox"/> Cooking Classes
<input type="checkbox"/> Guitar
<input type="checkbox"/> Chess
<input type="checkbox"/> Photography
<input type="checkbox"/> Theater
<input type="checkbox"/> Fine Arts

OFFICE

<input type="checkbox"/> Computer Skills
<input type="checkbox"/> Bookkeeping
<input type="checkbox"/> Cashier
<input type="checkbox"/> Typing

OTHER

Please recount any experience or responsibility in work with children. (Please specify if you have had experience working with developmentally disabled children)

REFERENCES (school, clergy, employers, youth organizations. No family members)

1.Name: _____ Relationship _____ Phone # _____

2.Name: _____ Relationship _____ Phone # _____

Declaration:

I declare, subject to penalties of perjury, that the statements made in this application (including statements made in accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct.

_____ Date _____ Signature of Applicant

RETURN COMPLETED APPLICATION AND APPLICANT DATA FORM TO: *Town of Huntington, Personnel Office, 100 Main Street, Huntington, NY 11743*

THE TOWN OF HUNTINGTON IS AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT DATA INFORMATION

Pursuant to federal regulations, the Town of Huntington collects responses to the questions below for record keeping purposes. The form will be detached from your application and will be kept separate and confidential. Providing this information is voluntary.

Check the box for the racial or ethnic group with which you identify:

- White*
- Black*
- Hispanic*
- Asian or Pacific Islander*
- American Indian or Alaskan Native*

Check the appropriate box:

- Female*
- Male*

Please indicate your date of birth ____/____/____

Please indicate the position you have applied for:
