



# EMPLOYMENT APPLICATION

5 BEACH ROAD, GREAT NECK, NY 11023

## APPLICANT INFORMATION

Last Name		First Name		M.I.	
Street Address				Apartment/Unit No.	
City		State		ZIP	
Phone		E-mail Address - MANDATORY			
Date of Birth: (If under 18)		Work Permit Required		NYS Drivers License :	
<b>Employment Desired:</b>		Available From:		Available To:	
Full Time		Part Time		Seasonal	
<b>Certifications:</b>					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a resident of the Great Neck Park District?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for the Park District?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Are you related to any current or previous employee(s) of the Park District?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, name of employee(s): Relationship to employee(s):	
Are you under 18 years or age?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, do you possess a work permit YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever been convicted of a violation, misdemeanor or felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

## EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

## REFERENCES

*Please list three professional references.*

Full Name		Relationship	
Company		Phone ( )	
Address			
Full Name		Relationship	
Company		Phone ( )	
Address			

**REFERENCES (CONTINUED)**

Full Name	Relationship
Company	Phone ( )
Address	

**PREVIOUS EMPLOYMENT**

Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ( )	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

List any special qualifications, experience and/or training you possess that would be useful in the performance of the job you seek.

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**DISCLAIMER AND SIGNATURE**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is denied or terminated.

Signature

Date

**The Great Neck Park District is an Equal Opportunity Employer**