



Incorporated Village of Floral Park

1 FLORAL BOULEVARD, P.O. BOX 27, FLORAL PARK, N.Y. 11002

TELEPHONE 516-326-6300

VILLAGE HALL FAX 516-326-2734

BUILDING DEPARTMENT FAX 516-326-2751 PUBLIC WORKS DEPARTMENT FAX 516-326-6435

WWW.FPVILLAGE.ORG

Application for Employment – Personal History Record

NAME: _____ Home #: _____
(Print) Last, First, Middle

Email Address: _____ Cell #: _____

RESIDENCE RECORD

(Provide 3 most recent addresses in the United States beginning with the present)

Street Address	City	State	From	To

TYPE OF EMPLOYMENT DESIRED: _____ Part-time _____
Full-time

TYPE OF WORK PREFERRED: _____ SALARY DESIRED: _____

HAVE YOU BEEN EMPLOYED BY THE VILLAGE? Yes/No When _____

Where _____

FROM/TO

DEPARTMENT

Who recommended you to the Village?

Are you a citizen? Yes/No If not, do you intend to remain permanently in the U.S.? Yes/No

Do you: _____ Own Home _____ Rent _____ Live with Parents _____ Live with
Relatives _____ Other

Have you ever been convicted of a crime? Yes/No If yes, give details:

_____ If employed by the Village, do you plan to continue (or to secure) any other employment? Yes/No

If yes, explain:

APPLICANT MUST BE AT LEAST 18 YEARS OF AGE

NAME	OCCUPATION	AGE
Wife/Husband:		
Mother:		
Father:		

EDUCATION

SCHOOL	NAME & ADDRESS:	Dates Attended From/To	Diploma/ Degree Type	Major Courses
High School				
Business/ Secretarial				
College(s)				

Do you plan any training or a vocation which would require your leaving employment with the Village:

Yes/No

If yes:

What type of business machines can you operate?

Typing Speed _____ words

per minute

What type of software programs are you proficient

in? _____

Are you presently enrolled in courses of study? Yes ____ No ____ If yes, what courses:

MILITARY SERVICE

Present Selective Service Classification _____ Reserve Status _____ Non-member _____

Active _____ Inactive _____ National Guard _____

Do you expect to be called to active duty? _____ If yes, when

If not, please explain

Have you served in the United States Armed Forces? _____ Which Branch?

If yes, give dates: From _____ To _____
month/year month/year

Describe your duties:

EMPLOYMENT

Describe below in detail all employment (full time & part time). Begin with your most recent employment and work back consecutively to your first job since leaving high school or college. Attach extra sheets, if necessary.

Length of Employment Month/Year	Firm Name	Address/City/ State	Supervisor's Name/ Title Telephone Number
From _____ To _____ Total Years:			
Type of Business: _____	Your Title: _____		Annual Salary \$ _____ Weekly Salary \$ _____
Duties :			
Reason for Leaving:			

Length of Employment Month/Year	Firm Name	Address/City/ State	Supervisor's Name/ Title Telephone Number
From _____ To _____ Total Years:			
Type of Business: _____	Your Title: _____		Annual Salary \$ _____ Weekly Salary \$ _____
Duties :			
Reason for Leaving:			

Length of Employment Month/Year	Firm Name	Address/City/ State	Supervisor's Name/ Title Telephone Number
From _____ To _____ Total Years:			
Type of Business: _____	Your Title: _____		Annual Salary \$ _____ Weekly Salary \$ _____
Duties :			
Reason for Leaving:			

May we obtain a reference from your present and past employers?

Do you have any status under Civil Service? _____ If yes
explain: _____

Do you belong to the New York State Retirement System?

Are you a volunteer or exempt firefighter? _____

If so, what Department & Company? _____

Do you possess a valid New York State driver's license? _____

If so, what type? Operator _____ Chauffeur _____ Commercial _____ Other _____

All applicants are subject to being fingerprinted. Do you object to being fingerprinted? _____

Have you ever been bonded? _____ Have you ever been refused a bond? _____

In the space below, please add any statements which you feel may help to clarify any of your answers to these questions or provide additional information on your qualifications.

Give any other information pertinent to type of employment sought.

If accepted for employment, I hereby understand, authorize and/or agree to the following conditions as set forth below:

1. My appointment shall be temporary & provisional and will be subject to a background investigation by the Nassau County Civil Service Commission in accordance to the New York Civil Law 50 (3), Rule 3.2 of the Rules & Regulations of the New York State Department of Civil Service and Rule XII of the Rules of the Nassau County Civil Service Commission; and
2. I authorize and consent to the Village of Floral Park administering a pre-employment drug & alcohol screening and a medical screening test. If qualified, in accordance with federal regulations, I further authorize and consent to future random screening during the term of my employment with the Village of Floral Park; and
3. My appointment will subject to approval of the Village Board of Trustees

I hereby affirm, under the penalties of perjury, that the information given in this application is true and that I have not knowingly withheld any fact that would, if known, tend to react unfavorably upon the consideration of application for employment. I understand that any misstatements or omission of material fact may be cause for dismissal.

PRINT NAME

SIGNATURE

FOR OFFICE USE ONLY:	
Date of Interview: _____	Interviewed By: _____
Comments: _____	
