



Please return application to: **Coco Lee Thuman / Human Resources Manager**
Town of Shelter Island, 38 North Ferry Road, P.O. Box 970, Shelter Island, NY 11964-0970
Cthuman@ShelterIslandTown.gov (631) 749-0057

APPLICATION FOR EMPLOYMENT

The Town of Shelter Island is an equal opportunity employer and does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by Federal and State laws.

Incomplete information could disqualify you from further consideration. Please complete all fields.

Date _____

Name _____

Address _____

Mailing Address _____

Email _____

Home Phone _____

Cell Phone _____

Are you eligible to work in the U.S? ___ Yes ___ No

Are you at least 18 years or older? ___ Yes ___ No

(If no, you may be required to provide authorization to work.)

Have you ever been terminated from employment or asked to resign by an employer?

___ Yes ___ No

If yes, please provide company names and details _____

Can you work any shift? ___ Yes ___ No

If no, explain _____

Can you work overtime, including weekends? ___ Yes ___ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? ___ Yes ___ No

EMPLOYMENT DESIRED

Date you can start _____

Hourly rate /Salary desired _____

Position desired _____

Are you currently employed? _____

If so may we inquire of your present employer?

YES ___ NO ___

REFERRAL SOURCE

How did you hear about this job?

Have you ever worked for this company before? ___ Yes ___ No

IF YES Explain _____

Do you know anyone who works for our company? ___ Yes ___ No

IF YES who? _____

Do you have any special skills, experience and /or training that would enhance your ability to perform the position applied for? If yes, explain

REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone,Email	Company	Years Acquainted
(1)	_____		
(2)	_____		
(3)	_____		

Please read carefully before signing

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Town of Shelter Island to hire me. If I am hired, I understand that either The Town of Shelter Island or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Town of Shelter Island has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to The Town of Shelter Island true and complete information on this application. No requested information has been concealed. I authorize The Town of Shelter Island to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Print Name _____

Signature _____ Date _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE