



EMPLOYMENT APPLICATION

INCORPORATED VILLAGE OF FREEPORT

IF HIRED YOU WILL HAVE TO PROVIDE DOCUMENTS VERIFYING YOUR ELIGIBILITY TO WORK IN THE U.S.

HUMAN RESOURCES DEPARTMENT
46 N. OCEAN AVENUE
FREEPORT, NY 11520
HRHELP@FREEPORTNY.GOV
www.freeportny.gov

Name: _____ Date: _____

Phone#: _____ Email: _____

Position applied for: _____

The Inc. Village of Freeport provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, or genetics

NASSAU COUNTY CIVIL SERVICE COMMISSION
 40 MAIN STREET, HEMPSTEAD, N.Y. 11550
 EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EXAMINATION OR EMPLOYMENT
 (FOR EXAMINATION - USE FOR ONLY ONE DATE -MAXIMUM OF 3 EXAMS)

ALL QUESTIONS MUST BE ANSWERED OR APPLICATION WILL NOT BE PROCESSED

PRINT IN INK OR TYPE PHOTOCOPY/FAX NOT ACCEPTABLE

1. (You must notify this Commission immediately - in writing - of any change of name or address.)

LAST NAME	FIRST NAME	M.I.
STREET ADDRESS		
POST OFFICE	STATE	ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE) - EXPLAIN UNDER #20		

2. TELEPHONE NO. HOME () _____

BUSINESS () _____

3. SOCIAL SECURITY NO. ____ / ____ / ____

4. DO YOU POSSESS A VALID N.Y. STATE MOTOR VEHICLE LICENSE?

YES NO If "YES" indicate class: _____

IF REQUIRED FOR POSITION SOUGHT, ATTACH A COPY OF YOUR LICENSE.

5. HAVE YOU EVER APPLIED FOR ANY EXAMINATIONS ADMINISTERED BY THE NASSAU COUNTY CIVIL SERVICE COMMISSION?

YES NO (If "YES" give details under No. 20)

6. RESIDENCE (PROOF MAY BE REQUIRED)

List here your actual, permanent, **legal** address, for the last five years, including the dates (month and year) that you lived there. Consult official announcement to ensure that you meet any residency requirements before filing.

CITY OR VILLAGE	TOWN	COUNTY	STATE	FROM Mo./Yr.	TO Mo./Yr.
					Present

(A) Exam No. _____, Title _____

(B) Exam No. _____, Title _____

(C) Exam No. _____, Title _____

APPLICANTS - DO NOT WRITE IN THIS BOX

(A) Approved Rejected Cond. by: ____ / ____

(/)

(B) Approved Rejected Cond. by: ____ / ____

(/)

(C) Approved Rejected Cond. by: ____ / ____

(/)

Fee Paid
 CK/MO # _____ AM'T _____ P.A. # _____ REC'D. BY _____

VETERANS CREDITS

SPECIAL ARRANGEMENTS

18. EXPERIENCE: Describe here all relevant experience (including volunteer or military) starting with the most recent. Include all employment for the last five years, as well as any relevant experience prior to that. (If not employed during part or all of last 5 yrs., so state) In addition, you **MUST**:

1. Under "Duties" describe work personally done by you.
2. Estimate percentage of time spent on all work.
3. Indicate size & type of workforce supervised, if any, and extent of supervision.
4. If more than one title at same employer, list as separate employment.
5. If more space is needed, attach extra 8 1/2 x 11 sheets of paper.
6. **THIS SECTION MUST BE COMPLETED EVEN IF A RESUME IS SUBMITTED.**

(a) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		[REDACTED]	Hours worked Per Week	Name and title of your supervisor
Duties:						
Your title:						
Reason for Leaving:						
(b) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		[REDACTED]	Hours worked Per Week	Name and title of your supervisor
Duties:						
Your title:						
Reason for Leaving:						
(c) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		[REDACTED]	Hours worked Per Week	Name and title of your supervisor
Duties:						
Your title:						
Reason for Leaving:						
(d) Employer - Name/address	Type of Business	Dates you worked there From(Mo./Yr.) To(Mo./Yr.)		[REDACTED]	Hours worked Per Week	Name and title of your supervisor
Duties:						
Your title:						
Reason for Leaving:						

NOTE: Your application cannot be processed until Form CSX2.1 or CSX 2.2 is filed. Submit appropriate form directly to this office. (Do NOT submit form CSX2.2 to appointing officer) Each application is reviewed in relation to the employment or examination involved.

19. **DECLARATION:** I declare, subject to the penalties of perjury, that all 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.

(Applicant signature)

(Date)

**CONFIDENTIAL SUPPLEMENT
TO EMPLOYMENT APPLICATION**

**NASSAU COUNTY CIVIL SERVICE COMMISSION
40 MAIN STREET, HEMPSTEAD, N.Y. 11550**

Your application cannot be processed by the Civil Service Commission until this form has been received.
All questions must be answered or application will not be processed. Complete this form and attach to your application form (CSX-1).
PRINT IN INK OR TYPE **PHOTOCOPY/FAX NOT ACCEPTABLE**

21. Name (Last,First,Initial) _____ Social Security Number: _____ / _____ / _____ 22. Title of position: _____ Agency: _____ 23. Date of Birth: _____ / _____ / _____ Month Day Year	24. We require the following information in accordance with Federal requirements. Your confidential and voluntary reply will in no way affect your employment application. A. Race/Ethnicity: 1. <input type="checkbox"/> White (not of Hispanic origin) 2. <input type="checkbox"/> Black (not of Hispanic origin) 3. <input type="checkbox"/> Hispanic (regardless of race) 4. <input type="checkbox"/> Other B. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
---	---

- 25. RETIREMENT INFORMATION: (If you answer "yes" explain under #20)**
 Are you receiving retirement benefits from New York State or from any local government or jurisdiction in New York State? Yes No
- 26. CITIZENSHIP: (Proof of citizenship or alien status may be required)**
 a) Are you a citizen of the United States? Yes No
 b) If you are not a citizen of the U.S., please list Alien Registration Number: _____
- 27. PHYSICALLY DISABLED**
 Will you need assistance in taking physical examination? Yes No
 (Please indicate assistance required on separate sheet of paper)

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION TO THE NASSAU COUNTY CIVIL SERVICE COMMISSION

Applicant's Name (Please Print): _____
 Applicant's Social Security Number: _____ - _____ - _____
 All Last Names By Which Applicant Has Been Known (Please Print): _____

I hereby authorize the release of the following records to the Nassau County Civil Service Commission: Employment; Education; Motor Vehicle; Armed Services; Credit; Criminal; Probation/Parole; Tax; Student Loan.
 This authorization is given without regard to whether these records are of a public, private, or confidential nature, and I hereby waive all privileges arising out of the private or confidential nature of any of the above records.
 On behalf of myself, my heirs, executors, administrators, successors, and assigns, I hereby hold harmless and release the Nassau County Civil Service Commission and the County of Nassau from all actions, causes of action, suits, damages, and claims whatsoever in law or equity which may arise as a result of collecting these records.
 I understand that the Nassau County Civil Service Commission may release and disclose the records obtained pursuant to this authorization to governmental employers, agencies, departments, and the agents thereof as it relates to my background, experience, and qualifications for the position(s) of employment which I am seeking and my merit and fitness for public service, and I hereby authorize such release and disclosure.
 I understand that nothing contained in this authorization shall be deemed or construed to limit or prohibit the Nassau County Civil Service Commission from obtaining information and/or documents which are a matter of public record.

Applicant's Signature: _____ Date: _____

**A PHOTOCOPY OF THIS AUTHORIZATION WILL BE VALID AS AN ORIGINAL THEREOF
NOTICE**

The information which is sought pursuant to this authorization is requested under the authority set forth in New York Civil Service Law §50(3), Rule 3.2 of the Rules and Regulations of the New York State Department of Civil Service, and Rule XII of the Rules of the Nassau County Civil Service Commission. This information will be maintained by the Nassau County Civil Service Commission and will be utilized to determine whether the applicant possesses the requisite background, experience, and qualifications for the position(s) he/she is seeking and his/her merit and fitness for public service. This information will be utilized in accordance with relevant State and Federal laws. Failure to provide this information may result in your being disqualified from taking the examination, or after examination, from being certified from the eligible list or appointed to the position sought.

NOTE: SEE MEDICAL RELEASE (OVER) – REQUIRED FOR ALL COUNTY POSITIONS & ANY POLICE OFFICER POSITION

**TO BE COMPLETED BY ALL APPLICANTS SEEKING EMPLOYMENT WITH
THE COUNTY OF NASSAU (AND ANY POLICE OFFICER POSITION)**

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS
TO THE NASSAU COUNTY CIVIL SERVICE COMMISSION**

NOTICE

No information will be sought pursuant to this authorization until such time as a conditional offer of employment has been extended to the applicant on behalf of the County of Nassau. This authorization does not apply to potential employment with municipalities other than the County of Nassau. The information which is sought pursuant to this authorization is requested under the authority set forth in New York Civil Service Law §§50(3), 50(4), and 55-a, Rule 3.2 of the Rules and Regulations of the New York State Department of Civil Service, and Rule XII of the Rules of the Nassau County Civil Service Commission. This information is being sought to determine whether the applicant is able to perform the job-related functions of the position(s) to which he/she is seeking appointment. This information will be maintained and utilized by the Nassau County Civil Service Commission in accordance with relevant State and Federal laws. Failure to provide this information may result in your disqualification from appointment to the position(s) sought.

Applicant's Name (Please Print): _____

Applicant's Social Security Number: _____ - _____ - _____

All Last Names by Which Applicant Has been Known (Please Print): _____

I hereby authorize the release to the Nassau County Civil Service Commission of all records pertaining to my physical and psychological health, including but not limited to medical records, hospital records, insurance records, x-ray and MRI films and any other records or materials pertaining to any diagnostic tests or procedures, intake sheets, prescriptions, bills and invoices.

This authorization is given without regard to whether these records are of a public, private, or confidential nature, and I hereby waive all privileges arising out of the private or confidential nature of any of the above records.

On behalf of myself, my heirs, executors, administrators, successors, and assigns, I hereby hold harmless and release the Nassau County Civil Service Commission and the County of Nassau from all actions, causes of action, suits, damages, and claims whatsoever in law or equity which may arise as a result of collecting these records.

I understand that the Nassau County Civil Service Commission may release and disclose the records obtained pursuant to this authorization to governmental employers, agencies, departments, and the agents thereof as it relates to my ability to perform the duties of the position to which I am seeking appointment, and I hereby authorize such release and disclosure.

Applicant's Signature: _____

Date: _____

**A PHOTOCOPY OF THIS AUTHORIZATION
WILL BE VALID AS AN ORIGINAL THEREOF**