



**TOWN OF EASTCHESTER
LAKE ISLE COUNTRY CLUB
Employment Application**



This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate such. We are an Equal Opportunity Employer and consider all applications for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class.

First Name	E-Mail Address (preferred method of communication is email; check your JUNK/SPAM folder)
Last Name	
Address (Street/Town/Zip Code)	Cell Number
	Home Number

Position(s) Desired (16+ years old)

For the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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Have you ever been employed with the Town of Eastchester before? If yes, give dates From _____ / _____ / _____ To _____ / _____ / _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you legally eligible for employment in the United States? Employment eligibility verification will be required upon employment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you are under 18 years of age, can you provide required proof of your eligibility to work [Working Papers]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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Type of School Attended	Name and Location of School	Number of Years Completed (do not give dates)	Course of Study
High School or Other			
College			

List certificates (including Lifeguard, WSI, CPR, First Aid, EMT, etc.) that would support your qualifications for employment. List expiration dates next to each certificate and license.

If you hold a valid Driver License, please provide the license number:

References: ALL must be by a non-relative over 21 years of age

Name/Occupation	Phone Number
Address (Street/City/State)	Years Known

Name/Occupation	Phone Number
Address (Street/City/State)	Years Known

Present or Last Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary/Hourly Rate	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			
Next Previous Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary/Hourly Rate	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			
Next Previous Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary/Hourly Rate	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local regulations.

Submit this Employment Application via email employment@lakeislecountryclub.com
or at the Lake Isle Main Office, 660 White Plains Rd. Eastchester NY 10709

Signature of Applicant: _____ Date: _____