

VILLAGE OF SOUTHAMPTON
Application for Seasonal Employment Only

Jurisdiction

Name _____

Position Applied for _____

NAME _____ SS# _____

Address _____

Phone No. _____ Date of Birth _____

Special Certificate _____

Type	No.	Issuing Agency	Date Issued
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EDUCATION High School Diploma or Equivalency? Yes
 No # of yrs completed _____

COLLEGE

Name of School	Type of Degree	Major	No. of Credits	Dates
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Applicant's Signature _____ Date _____

This Section to be completed by Appointing Authority:

Employee Name _____

Title of Position _____ Department _____

Pay Rate _____ Hrs/Week _____ Start Date _____

Appointing Authority Signature _____ Date _____