



Incorporated Village of Westhampton Beach Police Department

165 Mill Road
 Westhampton Beach NY 11978
 631-288-6620

Policedepartment@whbpd.org

Application for Employment

Please check one:

Seasonal Traffic Control Officer

Crossing Guard

Name (Last)		(First)		(M Initial)	
AKA (maiden name, etc.):					
Address (Number/Street)					
Town or Village			State	Zip	County
Home Phone #:	Emergency Contact #	Name of Emergency Contact Person	Relationship		
Cell Phone #:					
Valid E-mail:		Driver's License#:			
		Exp Date:			
Education: <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College: _____ # of Credits					
College Degree: <input type="checkbox"/> AS <input type="checkbox"/> BS <input type="checkbox"/> Master's <input type="checkbox"/> Other: _____					
1. Present Employment (Name of Employer)			Years Employed		
Address of Employer			Work Phone #		
2. Present Employment (Name of Employer)			Years Employed		
Address of Employer			Work Phone #		
References: (Name, Address & Phone number)					
1.					
2.					
3.					
Community Service (Name and Location of Volunteer Agency)			Years		
Are you fluent in a foreign language or sign language? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what language(s)?					
Do you have any special skills or training? (e.g. CPR certified, EMT) <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, briefly describe skills or training:					