

Village of Southampton

Applicant's Declaration

Must be completed by applicant prior to testing

(Please type or print)

Name _____ Phone _____ Today's Date ___/___/___

Address _____ / _____
 Permanent Mailing Address Street Address Town State Zip

Date of Birth ___/___/___ Social Security # _____ Email _____

Please check appropriate answer to each question

1. A. Have you ever been convicted of any crime (felony or misdemeanor)? Yes ___ No ___
 B. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer criminal charges? Yes ___ No ___
 A conviction is not an automatic bar to employment. Each case is considered on its individual merits. Background investigations may be conducted on all candidates considered for employment. A false statement may result in the disqualification of your application in accordance with the provisions of Section 50 of the Civil Service Law. You are advised, therefore, to list all such conviction for misdemeanors or felonies.
2. Were you ever dismissed from any public employment for disciplinary reasons? Yes ___ No ___
3. I understand that I must complete each part of the examination successfully using the crawl stroke only.
4. You must be 16 to take the Ocean Examination – 15 to take the Bay and Pool Examination. Proper Proof of Age must be presented at the Examination. A Drivers License, Passport, or a Birth Certificate is acceptable.

Applicant's Signature

Medical Examination

To be completed only on this form by applicant's physician prior to testing.
 Candidates are NOT to complete this medical area.

Height= _____		Weight = _____		Blood Pressure = ___/___			
Examination	Normal	Abnormal	Remarks	Examination	Normal	Abnormal	Remarks
Head				Cardio-Vascular			
Eyes							
Ears				Abdomen			
Hearing				Pelvic			
Nose				Extremities			
Mouth				Skin			
Tonsils				Lymph Nodes			
Neck				Nervous System			
Thyroid							
Thorax				Other defects Please Specify			
Breasts							
Lungs							

On the basis of your examination, do you recommend that this applicant be considered for a lifeguard position? __Yes __No

Comments: _____

Physician's Name (Print or Use Stamp) _____ Phone # _____

Address: _____

Today's Date: ___/___/___

Physician's Signature and STAMP

If NO STAMP is available, the Physician MUST state this on signed office stationary.