

APPLICATION FOR TEMPORARY EMPLOYMENT
U.S. OPEN GOLF TOURNAMENT

LAST NAME FIRST NAME M.I. EMAIL ADDRESS

MAILING ADDRESS TELEPHONE NUMBER

CITY STATE ZIP

EDUCATION:
Highest level of education completed? _____

Degree Major (if applicable): _____ Degree Awarded (Yes/No): _____

EXPERIENCE:
List the jobs for which you are interested in applying: _____

List your relevant experience (if any): _____

Name of your present or most recent employer: _____

Address: _____

Dates of employment: _____

Your exact job title: _____

Duties: _____

DECLARATION: I declare that the statements made in this application have been examined by me and are true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT DATE

Please scan and return this completed application to: sc.personnel@suffolkcountyny.gov
Or fax to: 631-853-4796