

# FISHERS ISLAND FERRY DISTRICT

631 788 7463

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## PRELIMINARY APPLICATION – v2019

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Desired Position: \_\_\_\_\_

Education: \_\_\_\_\_ School(s): \_\_\_\_\_

Certifications: \_\_\_\_\_

Licenses: \_\_\_\_\_

Veteran: \_\_\_ Yes \_\_\_ No Branch: \_\_\_\_\_ Reserve Status: \_\_\_ Yes \_\_\_ No

### **References:** (list two not related to you)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***By signing this document applicant agrees to authorize the Fishers Island Ferry District to contact the above listed references and have an alcohol and drug screen test performed.***