

THE TOWN OF SOUTHAMPTON YOUTH BUREAU IS
NOW ACCEPTING APPLICATIONS FOR THE

BROADER HORIZONS PAID INTERNSHIP PROGRAM

JOB OPPORTUNITIES ARE OPEN TO TEENS
(AGES 14 TO 17) WITH LITTLE OR NO EXPERIENCE.



**INTERNSHIPS OFFERED IN A VARIETY OF AREAS
INCLUDING TOWN HALL AND LOCAL NON-PROFITS.
LEARN JOB SKILLS, MONEY MANAGEMENT,
AND CAREER EXPLORATION WHILE
WORKING FOR THE TOWN OF SOUTHAMPTON.**

**APPLICATION PERIOD IS OPEN FROM
MONDAY, MARCH 30TH 2026 - FRIDAY, JUNE 5TH 2026.**
PLACEMENTS ARE VERY LIMITED! SUBMISSION OF AN APPLICATION
DOES NOT GUARANTEE A PLACEMENT. PARTICIPANTS ARE CHOSEN
ON A FIRST COME, FIRST SERVED BASIS, MATURITY LEVEL,
AND BEST FIT FOR POSITIONS AVAILABLE.



FOR MORE INFORMATION, PLEASE CALL (631) 702-2425 OR
VISIT WWW.SOUTHAMPTONTOWN.NY.GOV/YOUTHBUREAU

Follow us on:
  
@southamptonyb

BROADER HORIZONS INTERNSHIP PROGRAM

Youth Bureau Application Supplement

Please email completed application to Peter Strecker at pstrecker@southamptontownny.gov or mail/hand deliver to Flanders Youth Center, 655 Flanders Road, Flanders, NY 11901. Please note that submitting an application does not guarantee a position in the program. Participants are chosen on a first come, first served basis, maturity level, and best fit for positions available.

Name _____

Please list your hobbies or interests, things you enjoy doing that may help us determine a placement.

Please list any volunteer experiences you may have.

Do you plan to take time off from work this summer due to vacation plans?

_____ Yes, _____ No If yes, when _____

How do you plan on getting to work and back home? _____

Name of Parent or Guardian: _____

Parent or Guardian Email: _____

Emergency Contact Person: _____

Emergency Phone: _____

Grade you will be in September: _____

Broader Horizons receives its funding through three different sources. If you're accepted into this program, please help us determine which source of funding your salary will be paid from by answering the following question. **Acceptance into this program is NOT based on income.**

Does your family income fit into the following table? Yes No

Family Size	Annual Income	Family Size	Annual Income
1	\$ 31,300	5	\$ 75,300
2	\$ 42,300	6	\$ 86,300
3	\$ 53,300		
4	\$ 64,300		

TOWN OF SOUTHAMPTON

DEPARTMENT OF HUMAN RESOURCES
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968



JUAN BECERRA
DIRECTOR OF HUMAN RESOURCES

Phone: (631) 287-5715
Fax: (631) 287-5721
Email: humanresources@southamptontownny.gov
WWW.SOUTHAMPTONTOWNNY.GOV

MARIA Z. MOORE
TOWN SUPERVISOR

TOWN OF SOUTHAMPTON APPLICATION FOR EMPLOYMENT

Name: _____ Position: _____

Email: _____ Phone: _____

Full Time Part Time Seasonal If part time, days and hours available: _____

1. Are you under 18 years of age? Yes No If under 18, list age and DOB: _____

2. Are you a U.S. citizen? Yes No
If not, do you have the legal right to accept employment in the U.S. ? Yes No

3. May we contact your previous employers? Yes No

4. Do you have a valid certificate in Standard First Aid and Personal Safety? Yes No

5. Do you speak any language other than English? Yes No If yes, list: _____

6. Are you a volunteer Firefighter? Yes No | Are you a Veteran? Yes No

7. Please list your hobbies and interests: _____

8. Please list at least two (2) CHARACTER REFERENCES who are NOT RELATIVES:

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

9. In case of an emergency, please notify:

Name: _____

Phone #: _____

10. Any additional information you consider to be relevant to your employment application?

Signature of Applicant: _____ Date: _____

!!! MUST COMPLETE ALL FIVE PAGES !!!

*None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying. 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.

SUFFOLK COUNTY APPLICATION FOR EMPLOYMENT OPEN-COMPETITIVE EXAMINATIONS AND NON-COMPETITIVE APPOINTMENTS

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE

725 Veterans Memorial Hwy., William J. Lindsay Complex, Bldg. 158 (location)

P.O. Box 6100 Hauppauge, NY 11788-0099 (mailing address)

(631) 853-5500 Internet: www.suffolkcountyny.gov/Departments/Civil-Service

SUFFOLK COUNTY DOES NOT DISCRIMINATE AGAINST ANY APPLICANT BECAUSE OF RACE,
CREED, COLOR, NATIONAL ORIGIN, HANDICAP, SEX, AGE, MARITAL STATUS OR SEXUAL PREFERENCE.

**THIS IS FORM CS-205 PART A.
YOU MUST ALSO COMPLETE
FORM CS-205 PART B.**

THERE IS AN APPLICATION PROCESSING FEE: SEE THE EXAMINATION ANNOUNCEMENT FOR THE FEE AMOUNT (The fee will NOT BE REFUNDED if your application is DISAPPROVED.) A separate application is required for each examination (identified by examination number) for which you are applying. Each application must be accompanied by a **NON-REFUNDABLE NON-TRANSFERABLE** application processing fee. Do not send cash. Make the check or money order payable to the Suffolk County Department of Civil Service. Please indicate the examination title and the last four digits of the applicant's social security number on the face of the check or money order. Certain applicants may be eligible for a fee waiver. See examination announcement for details. This application is part of your examination. Answer all questions fully and carefully in ink. Attach additional sheets if necessary to give detailed information. You may also apply on our Internet site.

PLEASE PRINT:

1. TITLE OF EXAMINATION _____					
2. LAST NAME _____		FIRST NAME _____		M.I. _____	SOCIAL SECURITY NUMBER _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 2px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 2px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 2px;"></div>
MAILING ADDRESS _____				LEGAL ADDRESS (Not a Post Office Box) _____	
CITY _____		STATE _____	ZIP CODE _____		CITY _____
		STATE _____	ZIP CODE _____		

3. DAYTIME TELEPHONE NUMBER (include area code) _____
 You may be contacted by prospective employers.
 () _____

Successful completion of an appropriate medical examination may be required.

If you answered YES to any part of question 7 you MUST give specifics in the COMMENTS section below.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying. 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.

A candidate appointed to a vacancy in the service of Suffolk County shall be required to disclose, and a candidate appointed to any other vacancy in the civil service may be required to disclose, whether he/she is currently receiving any form of disability payment from New York State.

Background Investigation: Applicants may be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

THE FOLLOWING QUESTIONS ARE OPTIONAL.

4. E-MAIL _____

5. LEGAL RESIDENCE CODES Identify each of the districts of which you are a legal resident, **not** where you wish to be employed. If your legal residence changes, you must notify the Suffolk County Civil Service Department at once in writing. Complete the boxes with the correct codes for your legal residence. See last page of application for list of residence codes.

COUNTY	TOWN	SCHOOL DISTRICT	LIBRARY DISTRICT	VILLAGE
C -	T -	S -	L -	V -

6. GEOGRAPHIC ZONES
 Check one or more of the boxes below indicating the geographic zones in which you would be willing to accept an appointment. Your name will be certified only for job vacancies in the geographic zones you check.

- Zone 1 Riverhead, Southold, Shelter Island, Southampton, and East Hampton Townships
- Zone 2 Brookhaven Township
- Zone 3 Smithtown and Islip Townships
- Zone 4 Huntington and Babylon townships

8. Are you a Saturday sabbath observer who, for religious reasons only, requests permission to take this examination after sundown on Saturday?
 YES NO

If you checked YES, you will be asked to provide verification.

9. Do you need special accommodations to participate in this examination?
 YES NO

If you checked YES, please describe the type of assistance you request in the COMMENTS section below.

7. Check appropriate box to the right of each question:
- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?
 YES NO
- B. Did you ever resign from any employment rather than face dismissal?
 YES NO
- C. Did you ever receive a dishonorable discharge from the Armed Forces of the United States?
 YES NO

10. COMMENTS _____

(Attach additional sheets if necessary)

CANDIDATE MUST SIGN DECLARATION ON LAST PAGE OF THIS APPLICATION

FOR APPOINTING AUTHORITY'S USE FOR PROVISIONAL AND NON-COMPETITIVE APPOINTMENTS ONLY	
DEPARTMENT OR JURISDICTION _____	DATE APPOINTED _____

FOR CIVIL SERVICE USE ONLY			
NOTES _____ _____	<input type="checkbox"/> PENDING TRANSCRIPT	ELIGIBLE	INELIGIBLE
	<input type="checkbox"/> PENDING _____		
		DATE _____	

YOUR ELIGIBILITY TO COMPETE IN THIS EXAMINATION WILL BE DETERMINED ON THE BASIS OF YOUR ANSWERS TO QUESTIONS 10 - 13. INCOMPLETE APPLICATIONS WILL BE DISAPPROVED.

11. EDUCATION

A. Have you graduated from senior high school? YES NO

If yes, complete name and location.

Name of school: _____

Location: _____

B. If you have a high school equivalency diploma, indicate:

_____ Issuing Authority

C. If you did **NOT** graduate from high school, circle highest school year completed: 4 5 6 7 8 9 10 11

PLEASE ATTACH A COPY OF COLLEGE TRANSCRIPTS VERIFYING ALL COLLEGE LEVEL COURSE WORK FOR WHICH YOU CLAIM CREDIT.

	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Were You Graduated?	Type of Course or Major Subject	Number of Credits Rec'd. To Date	Type of Degree	Date Degree Received / Expected
List each College University or Professional School Attended							
	Full Name of School State/City in which located	Dates of Attendance (Month and Year)	Type of Course or Major Subject	Number of Hours Attended	Did you successfully complete this course?		
Technical or other Schools or Special Courses							

12. DRIVER'S LICENSE: Circle the class of your New York State Motor Vehicle License: 1 2 3 4 5 6 A B C D E M

Date of Expiration _____

13. LICENSES: If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, complete the following question:

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State
Specialty	Date License First Issued	Registered From:	To:

14. DESCRIPTION OF EXPERIENCE

Beginning with the most recent, describe below in detail **ALL** paid and volunteer employments **relevant** to the position sought. You are responsible for submitting an accurate and clear description of your experience. Omissions or vagueness will **NOT** be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as separate employment. **IF YOUR TITLE OR DUTIES CHANGED MATERIALLY IN THE COURSE OF YOUR SERVICE IN ANY ONE ORGANIZATION, INDICATE SUCH CHANGE CLEARLY AND AS A SEPARATE EMPLOYMENT.** (If more space is needed, attach 8½ x 11" sheets of paper) Under "Duties" for each employment describe the nature of the work personally performed by you, **WITH ESTIMATED PERCENTAGE OF TIME SPENT ON EACH TYPE OF WORK.** State size and kind of working force, if any, supervised by you and the extent of such supervision.

ALL EXPERIENCE IS SUBJECT TO VERIFICATION.

A. LENGTH OF EMPLOYMENT MO. YR. MO. YR.	FIRM NAME	ADDRESS	CITY AND STATE
FROM / / TO / /			
TYPE OF BUSINESS	DUTIES:		
YOUR EXACT TITLE			
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE			
	SUPERVISOR'S NAME:		TELEPHONE NUMBER:

B. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	TYPE OF BUSINESS		
YOUR EXACT TITLE	DUTIES:		
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE			
	SUPERVISOR'S NAME:		TELEPHONE NUMBER:

C. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	TYPE OF BUSINESS		
YOUR EXACT TITLE	DUTIES:		
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE			
	SUPERVISOR'S NAME:		TELEPHONE NUMBER:

D. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	TYPE OF BUSINESS		
YOUR EXACT TITLE	DUTIES:		
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE			
	SUPERVISOR'S NAME:		TELEPHONE NUMBER:

E. LENGTH OF EMPLOYMENT MO. YR. MO. YR. FROM / TO /	FIRM NAME	ADDRESS	CITY AND STATE
	TYPE OF BUSINESS		
YOUR EXACT TITLE	DUTIES:		
Average no. of hrs. worked per week (exclusive of overtime)			
SUPERVISOR'S TITLE			
	SUPERVISOR'S NAME:		TELEPHONE NUMBER:

BE SURE TO SIGN THE DECLARATION ON THE LAST PAGE

**BE SURE TO SIGN THE DECLARATION AT THE BOTTOM OF THIS PAGE
UNSIGNED APPLICATIONS WILL BE DECLARED INELIGIBLE**

VETERANS' CREDITS

Veterans' credits are granted on the following basis:

- DISABLED VETERANS:** 10 points for Open-Competitive Exams
5 points for Promotional Exams
- NON-DISABLED VETERANS:** 5 points for Open-Competitive Exams
2.5 points for Promotional Exams

These additional credits, which are combined with the final score obtained in the examination, may be granted only to **PASSING CANDIDATES** at the time of establishment of the eligible list.

NON-DISABLED VETERANS

In order to be eligible for additional credits as a non-disabled veteran, you must:

- Have served on **ACTIVE DUTY**, other than active duty for training purposes, with the Armed Forces of the United States.
- Have been honorably discharged or released under honorable conditions from such service and be a New York State resident.
- Submit a photocopy of separation papers (i.e. FORM DD-214) from the Armed Forces of the United States before this eligible list is established.

DISABLED VETERANS

In order to be eligible for additional credit as a disabled veteran, in addition to meeting the requirements of items 1, 2 & 3 listed above, you must also complete, FOR EACH TITLE, Form VC-3,(Authorization for Disability Record), and forward a copy immediately to the Regional Office of the United States Department of Veterans Affairs where your application for disability pension is on file. The Department of Veterans Affairs will retain a copy for its files, and will return a copy to this Department for processing. Disabled veterans must have a disability of at least ten percent (10%) certified by the Department of Veterans Affairs at the time of application for additional credits.

Veterans who used non-disabled veterans credits to obtain a civil service appointment or promotion with New York State or a local government, and subsequent to such appointment, are determined by the United States Department of Veterans Affairs to be a qualified disabled veteran are entitled to an additional 10 credits, minus the number of credits already used for the prior appointment. To claim such credits a candidate must also submit Form VC-1, Application for Veterans' Credits.

15. A. Do you claim additional credits as an honorably discharged war veteran for this examination?

- YES, AS A NON-DISABLED VETERAN
- YES, AS A DISABLED VETERAN
- NO.

If you checked YES, complete 15B and C:

B. Have you previously used veterans' credits to receive a permanent competitive class appointment in the service of the State of New York or any civil division within the State?

YES NO If you check YES complete the information in 15D below.

Except for veterans later determined to be disabled, civil service law limits the use of veterans' credits to one permanent competitive class appointment within New York State.

C. With the exception of the federal service, have you ever been employed by a governmental agency outside Suffolk County (e.g. New York City, New York State, Office of Court Administration, or another county within New York State)?

YES NO If you checked YES complete the information in 15D below:

D. Government Name _____

Length of Employment From _____

To _____

Department _____

Your Official Title(s) _____

(Attach additional sheets if necessary)

IF YOU DO NOT FORWARD THE PROPER DOCUMENTATION AS OUTLINED ABOVE, YOU WILL NOT BE GRANTED VETERANS' CREDITS, ONCE THE ELIGIBLE LIST IS ESTABLISHED, VETERANS' CREDITS CANNOT BE GRANTED.

LEGAL RESIDENCE CODES -

NAME	COUNTY	CODE								
Suffolk County		C-1	Lindenhurst	V-13	Comsewogue	S-206	Riverhead	S-117	Copiegue	L-11
Other		C-0	Lloyd Harbor	V-14	Connetquot	S-207	Rocky Point	S-219	Deer Park	L-12
			Nissequogue	V-15	Copiegue	S-305	Sachem	S-220	East Islip	L-13
			North Haven	V-16	Deer Park	S-306	Sag Harbor	S-118	Elwood	L-35
			Northport	V-17	East Hampton	S-103	Sagaponack	S-119	Half Hollow Hills	L-14
			Ocean Beach	V-18	East Islip	S-208	Sayville	S-221	Harborfields	L-15
			Old Field	V-19	East Moriches	S-209	Shelter Island	S-120	Hauppauge	L-34
			Patchogue	V-20	Eastport/South Manor	S-128	Shoreham-Wading River	S-121	Huntington	L-16
			Poquoit	V-21	East Quogue	S-105	Smithtown	S-315	Islip	L-17
Babylon		T-01	Port Jefferson	V-22	Elwood	S-307	Southampton	S-122	Lindenhurst	L-18
Brookhaven		T-02	Quogue	V-23	Fire Island School	S-210	South Country	S-222	Longwood	L-21
East Hampton		T-03	Sag Harbor	V-24	Fishers Island	S-106	South Huntington	S-316	Mastic-Moriches-Shirley	L-19
Huntington		T-04	Sagaponack	V-32	Greenport	S-107	Southold	S-123	Middle Country	L-20
Islip		T-05	Saltaire	V-25	Half Hollow Hills	S-308	Springs	S-124	Montauk	L-33
Riverhead		T-06	Shoreham	V-26	Hampton Bays	S-108	Three Village	S-225	North Babylon	L-22
Shelter Island		T-07	Southampton	V-27	Harborfields	S-309	Tuckahoe	S-125	North Shore	L-27
Smithtown		T-08	Village of the Branch	V-28	Hauppauge	S-211	Wainscott	S-126	Northport	L-23
Southampton		T-09	Westhampton Beach	V-29	Huntington	S-310	West Babylon	S-317	Patchogue-Medford	L-24
Southold		T-10	Westhampton Dunes	V-31	Islip	S-212	West Islip	S-226	Sachem	L-25
			Other	V-00	Kings Park	S-311	Westhampton Beach	S-127	Sayville	L-26
					Lindenhurst	S-312	William Floyd	S-227	Smithtown	L-28
					Little Flower	S-110	Wyandanch	S-318	South Huntington	L-29
					Longwood	S-214			West Babylon	L-32
					Mattituck - Cutchogue	S-111			West Islip	L-30
					Middle Country	S-213			Wyandanch	L-31
					Miller Place	S-215			Other	L-00
					Montauk	S-112				
					Mt. Sinai	S-216				
					New Suffolk	S-113				
					North Babylon	S-313				
					Northport - E. Northport	S-314				
					Oysterponds	S-114				
					Patchogue-Medford	S-217				
					Port Jefferson	S-218				
					Quogue	S-115				
					Remsenberg - Speonk	S-116				

INCORPORATED VILLAGES

NAME	CODE
Amityville	V-01
Asharoken	V-02
Babylon	V-03
Belle Terre	V-04
Bellport	V-05
Brightwaters	V-06
Dering Harbor	V-07
East Hampton	V-08
Greenport	V-09
Head-of-the-Harbor	V-10
Huntington Bay	V-11
Islandia	V-30
Lake Grove	V-12

SCHOOL DISTRICTS

Amagansett	S-101
Amityville	S-301
Babylon	S-302
Bay Shore	S-201
Bayport-Blue Point	S-202
Brentwood	S-203
Bridgehampton	S-102
Center Moriches	S-204
Central Islip	S-205
Cold Spring Harbor	S-303
Commack	S-304

LIBRARIES

NAME	CODE
Amityville	L-01
Babylon Public	L-02
Bay Shore - Brightwaters	L-03
Bayport - Blue Point	L-04
Brentwood	L-05
Center Moriches	L-06
Central Islip	L-07
Commack	L-08
Comsewogue	L-09
Connetquot	L-10

DECLARATION:

I declare, **subject to the penalties of perjury** that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief are true and correct. I further request and authorize any former or present employer, military records center, police, parole, and probation agencies, and former school to provide to the Suffolk County Department of Civil Service any and all information including, but not limited to information as to my character, habits, work ability, and/or education. In consideration of compliance with this request, I hereby release and discharge said institutions from any claims, liabilities, or damages.

X

DATE _____

SIGNATURE OF APPLICANT _____

State former name or any other name(s) by which you were known.