



APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY
Town Board:
W-4:

Today's Date:

Name: LAST FIRST MIDDLE INITIAL

Phone #: E-mail:

Address: No. STREET CITY/TOWN STATE ZIP

Are you 18 or older? YES NO If not, what is your age?

Employees 18 years of age and older may be subject to or required to undergo background screening which may include but not limited to: New York State Public Registry of Sex Offenders Address Verification/Trace

Have you worked for the Town before? YES NO If "yes", what date(s)? which department(s)?

Have you ever been convicted of a crime? YES NO If yes, describe the crime:

EDUCATION

High School Attended: Dates attended:

Did you graduate? YES NO

College Attended: Dates attended:

Full-time or Part time: Major: Degree & Graduation Year:

Any special courses:

INDICATE BELOW THE POSITION YOU ARE APPLYING FOR: (Must be 18 or older for most)

- Lifeguard, Pool Cashier (16 & older)
Golf - Ranger, Starter or Cashier
Playground Supervisor
Pool Supervisor
Assistant Facility Manager
Skate Guard (16 & older)
Small Boat Harbor Attendant
Youth Center Attendant
Maintenance
Other (specify)
Aquatic & Fitness Center:
Fitness Staff/Instructor
Customer Service
Senior Citizen Center:
Branch Leader
Transportation Driver
Class Instructor
Concessions (16 & older)

Note: 18 & older for golf concessions

EXPERIENCE

1. Name of Employer: _____ Position: _____
Dates: _____ Address: _____ Phone #: _____
2. Name of Employer: _____ Position: _____
Dates: _____ Address: _____ Phone #: _____
3. Name of Employer: _____ Position: _____
Dates: _____ Address: _____ Phone #: _____
4. Name of Employer: _____ Position: _____
Dates: _____ Address: _____ Phone #: _____

REFERENCES

	NAME	ADDRESS	PHONE	POSITION
1.				
2.				
3.				

EMERGENCY CONTACT(S)

Name: _____ Phone #: _____ Relationship: _____
Name: _____ Phone #: _____ Relationship: _____

APPLICANT'S STATEMENT

I certify that the information given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE

PLEASE COMPLETE THE INFORMATION BELOW ONLY IN THE SECTION WHICH RELATES TO THE POSITION YOU ARE APPLYING FOR

POOL PERSONNEL

Do you hold a(n) ...

- American Red Cross Lifeguarding Card? YES NO

Date Received: _____ Expiration Date: _____ Where Received: _____

- American Red Cross Professional CPR card? YES NO

Date Received: _____ Expiration Date: _____ Where Received: _____

- Water Safety Instructor's Card? YES NO

Date Received: _____ Expiration Date: _____ Where Received: _____

Swimming experience: Competitive # Years: _____ Synchronized # Years: _____

Other _____

PLAYGROUND SUPERVISORS

Have you had any playground experience? YES NO Where? _____

Do you have handicraft experience? YES NO

Where did you receive your experience? _____

Do you have an American Red Cross First Aid Card? YES NO Expiration Date: _____

List sports activities that you are able to teach children: _____

Do you have a supply of children's games you can recall instantaneously when called upon to do so? YES NO

Name six games: _____

MAINTENANCE PERSONNEL

(Please note that your schedule may include weekends and evenings)

Maintenance Experience:
(check all that apply)

Lawn Mowing	_____	Operated Weedeater	_____
Painting	_____	Cleaning	_____
Mechanical Ability	_____	Carpentry	_____
Landscaping	_____	Gardening	_____
Ability to lift 60 lbs	_____	Concrete Work	_____

Do you have a driver's license? YES NO Can you drive a standard shift? YES NO

If yes, Driver License Number: _____ Class: _____

Is the license valid? YES NO If no, please explain: _____

Is license restricted? YES NO If yes, please explain: _____