



2020 SUMMER LIFEGUARD POSITION
"Join Our Team!"

Candidates must possess An American Red Cross Lifeguard Training Certification **OR** other NYS Health Department approved equivalent certification, **AND** hold American Red Cross Basic Life Support for the Professional Rescuer CPR **or** American Heart Association Healthcare Provider CPR (or other NYS Health Department approved equivalent). CPR must be recertified on an annual basis (regardless of 2-year issued certification – 1st year on certification only valid).



PAY RATES:

2020 starting salaries - \$12.00/hour

FULL TIME LIFEGUARD - 36 hours/week (Minimum)

- Assigned to one of our pool locations as needed.
- Work a 5 day/week for 7-8 hour per day shift. Week must include a shift on a Saturday or a Sunday.
- The pool manager/head lifeguards assign schedule.
- Expected to commit to entire season and work the month of August as much as possible.
- Beginning week of June 20 - August 9 (must be on work schedule for 5 full days during a week- Sunday thru Saturday. Jr Lake Pool Opens 5/23 & BJS Pool Opens 5/30).
- May Be Assigned to work at Sparkle Lake Beach on a rotating basis (Water Front Cert Req.).

SPARKLE LAKE LIFEGUARD - 36 hours/week (Minimum)

- Assigned to work at Sparkle Lake Beach.
- Work a 5 day/week for 7 hour per day shift. Week must include a shift on a Saturday or a Sunday.
- Assistant Superintendent will assign schedule.
- Beginning week of June 20th – August 9th (11:00am-6:00pm Daily)
- Must have Water Front Certification.

DAY CAMP LIFEGUARD - 27.5 hours/week

- Assigned to work Day Camp swim program from June 29 to July 31 (No 6/30 or 7/3).
- Shifts are Monday thru Friday, 9:00am to 2:30pm. Travel from Jr Pool to BJS Pool (Need Transportation).
- Must also attend camp swim tests as assigned by Camp Aquatics staff.
- Salary (based on hourly rate) - docked for absences.
- Can also substitute lifeguard at any one of our three facilities at times other than above.

SWIM TEAM LIFEGUARD - 25 hours/week

- Assigned to lifeguard summer swim team/swim lesson weekdays.
- Practices at BJS Aquatic Facility from June 15 - end of the season (approx. July 31).
- Time of practice is from 6:00-7:30PM (Week 1) and 6:45PM to 11:45am/12noon. (Weeks 2-7).
- Will also be used as a substitute guard at any one of our three facilities at times other than above.

SUBSTITUTE LIFEGUARD

- Assigned to fill daily vacancies for lifeguarding shifts in any of the above positions.

The primary responsibility of a lifeguard is to prevent accidents and injuries at the aquatics facility. You must be technically proficient in your skills and must pass a water test as part of the interview process.

About the Test:

At a minimum all Lifeguards must perform a continuous 300-yard swim using various strokes in good form; surface dive in a minimum of 9 feet of water to recover a 10lb. brick; and a 15 yard underwater swim (Must be performed on an annual basis).

*****All applicants must participate in the Recreation Department Water Skills Test. Skills tests will take place multiple dates prior to pools opening and will take place at 5:00pm at one of the local middle school pools*****

DEADLINE TO APPLY:

Applications are to be returned to the Yorktown Parks and Recreation Department, 176 Granite Springs Road, Yorktown Heights, NY 10598 with copies of all required certifications attached (if currently enrolled in a Lifeguard Training Course, please indicate anticipated date of completion). Positions will be filled after each water skills test date.



TOWN OF YORKTOWN PARKS & RECREATION APPLICATION FOR SEASONAL EMPLOYMENT

<p>COMPLETE APPLICATION AND REFERENCES AND RETURN ALL DOCUMENTS TO: YORKTOWN PARKS & RECREATION DEPARTMENT 176 GRANITE SPRINGS ROAD, YORKTOWN HEIGHTS, NY 10598</p>					
NAME LAST FIRST MIDDLE			SOCIAL SECURITY #		
ADDRESS CITY STATE ZIP			HOME # () CELL # ()		
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what age: _____ Minimum age for hire: 16		Are you a Town of Yorktown Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail address _____	
EDUCATION					
	Name & Location	Course/ Major	Type of degree	Dates attended From/To	Date degree received or expected
HIGH SCHOOL					
COLLEGE OR POST HIGH SCHOOL					
GRADUATE SCHOOL					
Certificates or Special Training _____					
EMPLOYMENT HISTORY (Up to last 5 years)					
NAME & ADDRESS OF EMPLOYER		FROM MO./YR.	TO MO./YR.	KIND OF WORK OR POSITION	REASON FOR LEAVING
Do you have any computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____			Can you operate any other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____		
In addition to English, are you fluent in any other language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____					
Have you worked for the Town of Yorktown before? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Department: _____ Reason for leaving: _____					
Check job preference applying for:					
1. Day Camp: Director _____ Specialist _____ Counselor _____ CIT _____					
2. Lifeguard _____ (see below)					
3. Gate Attendant _____					
4. Swim Aide _____					
5. Park Maintenance _____					
6. Program Staff _____					
For Lifeguard Only Check Below: (Indicate certification & expiration dates)					
Lifeguard Training/ First Aid <input type="checkbox"/> EXPIRES _____	Lifeguarding/ First Aid <input type="checkbox"/> EXPIRES _____	CPR/AED for the Professional Rescuer <input type="checkbox"/> EXPIRES _____	Instructor Certifications LGI R. 06 <input type="checkbox"/> WSI R.06 <input type="checkbox"/> CPR/AED <input type="checkbox"/> EXPIRES _____	Waterfront or Waterfront Lifeguarding <input type="checkbox"/> EXPIRES _____	Headguard or Lifeguard Management <input type="checkbox"/> ISSUE DATE _____
<p>ALL LIFEGUARD APPLICANTS MUST PARTICIPATE IN THE RECREATION DEPARTMENT WATER SKILLS TEST. THE DATE WILL BE ANNOUNCED IN THE SPRING AND WILL TAKE PLACE AT ONE OF THE MIDDLE SCHOOL POOLS.</p>					
FOR ALL APPLICANTS: Dates available to work From _____ / _____ / _____ To _____ / _____ / _____ Month / Day Month / Day			Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____		

Where did you hear about this program/job?

Comments:

- 1. WERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS? YES NO
- 2. DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL? YES NO
- 3. DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE US WHICH WAS OTHER THAN HONORABLE, OR WHICH WAS ISSUED FOR OTHER THAN HONORABLE CIRCUMSTANCES? YES NO
- 4. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (MISDEMEANOR OR FELONY)? YES NO
(GIVE DETAILS)
- 5. HAVE YOU EVER FORFEITED A BAIL BOND POSTED TO ANSWER ANY CRIMINAL CHARGE? YES NO
(GIVE DETAILS)
- 6. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE(MISDEMEANOR OR FELONY)? YES NO
(GIVE DETAILS)

IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE, YOU MUST PROVIDE AN EXPLANATION ON AN ATTACHED PIECE OF 8 1/2 X 11 PAPER. 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(s) for which you are applying.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK.

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.) This application may be used for review by the prospective appointing authority as part of a background investigation.

PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

For employment: in accordance with the Town of Yorktown's comprehensive drug-free workplace policy & procedures, and commitment to maintain a safe, alcohol and drug-free work environment, you may be required to submit to urinalysis, breath and/or blood test.

DATE: _____ APPLICANT'S SIGNATURE: _____

IF UNDER AGE 18, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED.

"I have read my child's/ward's completed application form and hereby give my permission for him/her to be hired by the Town of Yorktown for the purpose of Seasonal Employment and I further give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Yorktown Department of Human Resources, and upon receipt by the Department of Human Resources of said revocation my child's/ward's employment shall be terminated".

By my signature below, I hereby give my permission for _____ to submit to urinalysis, breath, and/or blood test as a condition of Seasonal Employment with the Town of Yorktown in accordance with the Town of Yorktown's comprehensive drug-free workplace policy & procedures.

DATE: _____ SIGNATURE OF PARENT OR GUARDIAN: _____



The Town of Yorktown is an Equal Opportunity Employer.



2020 SUMMER LIFEGUARD POSITION
“Join Our Team!”



Candidates must possess An American Red Cross Lifeguard Training Certification **OR** other NYS Health Department approved equivalent certification, **AND** hold American Red Cross Basic Life Support for the Professional Rescuer CPR **or** American Heart Association Healthcare Provider CPR (or other NYS Health Department approved equivalent). CPR must be recertified on an annual basis (regardless of 2-year issued certification – 1st year on certification only valid).

PLEASE FILL OUT BELOW AND SUBMIT WITH YOUR APPLICATION

NAME: _____ **ADDRESS:** _____

ARE YOU AT LEAST 16 YEARS OF AGE: Y or N _____
If No When: _____

CURRENT SCHOOL: _____ **CURRENT GRADE:** _____

HAVE YOU WORKED AS A LIFEGUARD BEFORE: Y or N _____
If Yes Where: _____

ANY SCHEDULED SUMMER VACATIONS (LIST DATES): _____

Why do you want to work as a lifeguard for the Town of Yorktown: _____

Based on the job description page, what type of Lifeguard Position are you interested in? Please rate 1 to 5 (1 being your top priority). Leave blank if you are open to any of the positions. Put a 0 if you have no interest in that position.

Full Time: _____ **Beach Guard:** _____ **Day Camp:** _____ **Swim Team:** _____ **Sub:** _____

Certifications:

Please attach a copy of your current certification. If you are enrolled in a course, please list the dates of the course and who is teaching the course.

- CPR/AED – First year of CPR is only accepted by New York State even if it has a two year certification
- Lifeguard Training (Shallow Water Certification no accepted)
- Waterfront Training (If applicable)

Questions? Please call Kyle Thornton at 914-245-2650 x25 or Email: KThornton@yorktownny.org

Yorktown Parks & Recreation Department

176 Granite Springs Road, Yorktown Heights, NY 10598-3306

Personal reference for: _____

The above individual is applying for a _____ position with the Town of Yorktown Parks & Recreation Department. Your name has been listed as a reference. Please indicate your feelings regarding this individual in relation to his/her potential performance as a seasonal employee by completing the information below. All references will be kept confidential. Please return to the above address as soon as possible. Thank you for your assistance.

Sincerely,

Kyle Thornton

Assistant Superintendent

	NEEDS IMPROVEMENT	SATISFACTORY	SUPERIOR	NO OPINION
Ability to accept responsibility	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Ability to take initiative	_____	_____	_____	_____
Judgment	_____	_____	_____	_____
Trustworthiness	_____	_____	_____	_____
Ability to follow directive	_____	_____	_____	_____
Dependability	_____	_____	_____	_____

How long and in what capacity/relationship have you known the applicant? _____

Do you recommend this person for hire? _____ Yes _____ No _____

Additional comments: _____

NAME: _____ PRINT SIGNATURE: _____ DATE: _____

PHONE: _____

OFFICE USE ONLY:

Reference Check Completed: _____ DATE _____ SIGNATURE _____

Yorktown Parks & Recreation Department

176 Granite Springs Road, Yorktown Heights, NY 10598-3306

Personal reference for: _____

The above individual is applying for a _____ position with the Town of Yorktown Parks & Recreation Department. Your name has been listed as a reference. Please indicate your feelings regarding this individual in relation to his/her potential performance as a seasonal employee by completing the information below. All references will be kept confidential. Please return to the above address as soon as possible. Thank you for your assistance.

Sincerely,

Kyle Thornton

Assistant Superintendent

	NEEDS IMPROVEMENT	SATISFACTORY	SUPERIOR	NO OPINION
Ability to accept responsibility	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Ability to take initiative	_____	_____	_____	_____
Judgment	_____	_____	_____	_____
Trustworthiness	_____	_____	_____	_____
Ability to follow directive	_____	_____	_____	_____
Dependability	_____	_____	_____	_____

How long and in what capacity/relationship have you known the applicant? _____

Do you recommend this person for hire? _____ Yes No _____

Additional comments: _____

NAME: _____ PRINT SIGNATURE: _____ DATE: _____

PHONE: _____

OFFICE USE ONLY:

Reference Check Completed: _____ DATE _____ SIGNATURE _____