



TOWN OF YORKTOWN PARKS & RECREATION APPLICATION FOR SEASONAL EMPLOYMENT

COMPLETE APPLICATION AND REFERENCES AND RETURN ALL DOCUMENTS TO:
YORKTOWN PARKS & RECREATION DEPARTMENT
176 GRANITE SPRINGS ROAD, YORKTOWN HEIGHTS, NY 10598

NAME LAST	FIRST	MIDDLE	SOCIAL SECURITY #
ADDRESS			HOME # () CELL # ()
CITY		STATE	ZIP

Are you 18 years old or older? ___ Yes ___ No If not, what age: ___ Minimum age for hire: 16	Are you a Town of Yorktown Resident? ___ Yes ___ No	E-mail address _____
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EDUCATION				Dates attended	Date degree received
	Name & Location	Course/ Major	Type of degree	From/To	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? ___ Yes ___ No If yes, specify: _____	Can you operate any other equipment? ___ Yes ___ No If yes, specify: _____
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In addition to English, are you fluent in any other language? ___ Yes ___ No If yes, specify: _____

Have you worked for the Town of Yorktown before? ___ Yes ___ No Which Department: _____
Reason for leaving: _____

Check job preference applying for:

1. Day Camp: Director ___ Specialist ___ Counselor ___ CIT ___	5. Park Maintenance ___	7. Rec. Attendant ___
2. Lifeguard ___ (see below)	6. Program Staff ___	
3. Gate Attendant ___		
4. Swim Aide ___		

For Lifeguard Only **Check Below:** (Indicate certification & expiration dates)

Lifeguard Training/ First Aid	Lifeguarding/ First Aid	CPR/AED for the Professional Rescuer	Instructor Certifications LGI R. 06 WSI R.06 CPR/AED	Waterfront or Waterfront Lifeguarding	Headguard or Lifeguard Management
EXPIRES _____	EXPIRES _____	EXPIRES _____	EXPIRES _____	EXPIRES _____	ISSUE DATE _____

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.

FOR ALL APPLICANTS: Dates available to work From ___ / ___ / ___ To ___ / ___ / ___ <small>Month / Day Month / Day</small>	Do you have a Driver's License? ___ Yes ___ No Type _____
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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.