



SUMMER EMPLOYMENT POSITIONS



The Town of Yorktown directs a variety of programs, activities, facilities, and events that require additional staff. If you are interested in helping us manage a variety of recreation services and feel comfortable in a public setting, please fill out an application and return it to the Department of Recreation and Parks today.

DEADLINE: Applications accepted until positions are filled.

PAY RATE: VARIES

POOL CHECKER

- Assigned to Junior Lake Pool and Brian J. Slavin Pool (Shrub Oak).
- Manage entrance to pool facility ensuring all patrons have valid permits.
- Responsible for recording gate receipts and monies generated from guest fees.
- Enforce rules pertaining to admission to facility.
- Supervise water slide and interactive pool areas for proper patron entry and use.
- Applicants must be at least 16 years of age and have valid working papers.
- Shifts vary and are in 2.5 to 4-hour intervals.
- Pools are open from Memorial Day weekend to Labor Day weekend.
- Pools are open seven days a week so shifts vary and may include weekend hours.

SWIM AIDE

- Assigned to aide Water Safety Instructor in water during swim lesson.
- Fall and Spring lessons are scheduled on Saturday mornings at either Lakeland Copper Beech Middle School or Yorktown Middle School.
- Summer lessons scheduled Monday thru Friday mornings at Brian J. Slavin Pool (Shrub Oak).
- Good introduction to water safety skills and pre-lifeguarding.

PARK MAINTENANCE

- Under the supervision of the Parks Foreman and Recreation Staff.
- General park and facility maintenance.
- Landscaping.
- Preparation of ball fields.
- Cleaning of pool and park facilities.
- Valid Driver's License required.



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? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what age: _____ Minimum age for hire: 16	Are you a Westchester County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail address _____
--	---	-------------------------

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	SALARY	REASON FOR LEAVING

Do you have any computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____	Keyboarding skills? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WPM	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? Yes No If yes, specify: _____

Have you worked for Westchester County government before? Yes No Which Department: _____
Reason for leaving: _____

Check job preference applying for:

1. Day Camp: Director _____ Specialist _____ Counselor _____ Pool Counselor _____ CIT _____
2. Lifeguard _____ (see below)
3. Pool Checker _____
4. Swim Aide _____
5. Park Maintenance _____
6. Program Staff _____

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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Will you have access to a car for work? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

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 county employment: in accordance with Westchester County'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. In addition, if offered employment, you will be subject to the Westchester County fingerprinting policy under which your appointment may be conditioned on the results of a fingerprinting investigation.

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 Westchester County 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 Westchester County 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 Westchester County in accordance with Westchester County's comprehensive drug-free workplace policy & procedures.

DATE: _____ SIGNATURE OF PARENT OR GUARDIAN: _____



The Town of Yorktown is an Equal Opportunity Employer.

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 with application. Thank you for your assistance.

Sincerely,

Recreation Department

	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	_____	_____	_____	_____
Commitment	_____	_____	_____	_____

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: _____ RELATION TO APPLICANT (no relatives): _____

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 with application. Thank you for your assistance.

Sincerely,

Recreation Department

	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	_____	_____	_____	_____
Commitment	_____	_____	_____	_____

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: _____ RELATION TO APPLICANT (no relatives): _____

OFFICE USE ONLY:

Reference Check Completed: _____ DATE _____ SIGNATURE _____