

YORKTOWN PARKS & RECREATION

2026 AQUATICS STAFF



The Town of Yorktown Department of Parks & Recreation looks forward operating our aquatic facilities this summer. Our facilities are designed to give residents a place to relax and cool off during the hot summer months and offer a variety of programming for all ages. Our three facilities are the Brian J. Slavin Aquatic Center, the Junior Lake Pool, and Sparkle Lake Beach.

We are seeking responsible and motivated individuals to fill a variety of roles at our facilities this summer, including lifeguards and front desk staff. All Lifeguards must be certified in both Lifeguarding and CPR/First-Aid/CPR/AED for the professional rescuer via the American Red Cross or a comparable certifying agency. Lifeguard applicants wishing to work at Sparkle Lake Beach must obtain a Waterfront Lifeguarding Certification. For additional details on which certifications are acceptable, please contact us at (914) 245-4650. We have a very competitive process, and all applicants should submit their completed application and references as soon as possible to be eligible for an interview.

Please note, our busiest times include weekends and holidays and all applicants should be prepared to work on both.

APPLICATION PROCESS

To ensure an opportunity to interview, please submit your completed application packet to the Yorktown Parks & Recreation Department at 1974 Commerce Street, Yorktown Heights, NY 10598 as soon as possible.

For Lifeguard position applicants:

- A water skills test will be required in addition to an interview, and any offer of employment will be contingent upon the applicant successfully completing this assessment. Water Skills Test dates will be announced on our website.
- All applicants will be subject to a pre-employment drug screening.

STAFF POSITIONS:

LIFEGUARD: Full-Time, Part-Time, Substitute, Camp & Lake

- Responsible for supervision & safety of all pool visitors
- Applicants must be at least 15 years of age by May 23, 2026
- Employment contingent upon holding Westchester County Dept. of Health recognized certifications & successful completion of water skills test conducted by the Town

FRONT GATE ATTENDANT

- Responsible for checking pool permits, collecting guest fees, and general supervision of front gate
- Applicants must be 15 years of age by May 23, 2026
- Applicants should possess computer & technology skills as town computer system will be used to verify pool membership, collect guest fees, etc.

WSI (WATER SAFETY INSTRUCTOR)

- Responsible for conducting Learn to Swim lesson series
- Applicants must be 18 years of age by May 23, 2026
- Applicants should possess a Water Safety Instructor certification

SNACK BAR ATTENDANT

- * Greet Customers, answer menu questions, and process transactions using cash or point-of-sale systems.
- * Stock food, beverages, and supplies.
- * Clean and maintain food prep areas, counters, and dining spaces according to health codes.
- * Set up and break down equipment at the start and end of shifts.
- * Attendants DO NOT need a background in preparing food, all items are pre-packaged.
- * Experience with cash registers & counting money is preferred but not required.
- * MUST be at least 15 years old by May 23, 2026.

AQUATIC FACILITY DATES

Junior Lake Pool

May 23, 2026 – August 16, 2026

7 Days/ Week, Multiple Shift Times Available

Brian J. Slavin Aquatic Center

June 20, 2026 – September 7,

7 Days/ Week, Multiple Shift Times Available

2026 Sparkle Lake Beach

June 15, 2026 – August 2, 2026

7 Days/ Week, Multiple Shift Times Available



TOWN OF YORKTOWN PARKS & RECREATION APPLICATION FOR SEASONAL EMPLOYMENT

COMPLETE APPLICATION AND REFERENCES AND RETURN ALL DOCUMENTS TO:

YORKTOWN PARKS & RECREATION DEPARTMENT
1974 COMMERCE STREET, YORKTOWN HEIGHTS, NY 10598

NAME LAST FIRST MIDDLE			SOCIAL SECURITY #
ADDRESS			HOME # CELL #

Date of Birth: _____ Minimum age for hire: 15	Are you a Town of Yorktown Resident? ____ Yes ____ No	E-mail address: _____
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EDUCATION		Name & Location	Career/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 least 5 years)

NAME & ADDRESS OF EMPLOYER	FROM MO./YR	TO MO./YR.	KIND OF WORK OR POSITION	REASON FOR LEAVING

Do you have 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. Department: _____ Reason for leaving: _____

Check job preference applying for:

- | | |
|--|------------------------------|
| 1. Day Camp: Director _____ Specialist _____ Counselor _____ CIT _____ | |
| 2. Lifeguard _____ (see below) | |
| 3. Gate Attendant _____ | 5. Park Maintenance _____ |
| 4. Swim Aide _____ | 6. Snack Bar Attendant _____ |

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

Lifeguard training/ First Aid	Lifeguarding/ First Aid	CPR/AED for the Professional Rescuer	Instructor Certifications	Waterfront or Waterfront Lifeguarding	Headguard or Lifeguard Management
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LGI R. 06 <input type="checkbox"/> WSI R. 06 <input type="checkbox"/> CPR/AED <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 _____ / _____ Month Day Month Day	Do you have a Driver's license? ____ Yes ____ No Type _____
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TOWN OF YORKTOWN PARKS AND RECREATION

APPLICATION FOR SEASONAL EMPLOYMENT

The Town of Yorktown is an Equal Opportunity Employer.

Where did you hear about this program/job? _____

Comments: _____

- | | | |
|---|------------------------------|-----------------------------|
| 1. WHERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASON OTHER THAN LACK OF WORK OR FUNDS? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (MISDEMEANOR OR FELONY)?
(GIVE DETAILS) _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. HAVE YOU EVER FORFEITED A BAIL BOND POSTED TO ANSWER ANY CRIMINAL CHARGE?
(GIVE DETAILS) _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. ARE YOU NOW UNDER ANY CHARGES FOR ANY CRIMINAL OFFENSE (MISDEMEANOR OR FELONY)?
(GIVE DETAILS) _____ | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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 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 HERIN.

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 environment, you may be required to submit to urinalysis, breath and/or blood test.

APPLICANT'S SIGNATURE _____ **DATE:** _____

***IF UNDER AGE 18, SIGNATURE OF A PARENT OF 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 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 permission for _____ to submit 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 and procedures.

SIGNATURE OF PARENT OF GUARDIAN: _____ **DATE:** _____

YORKTOWN PARKS & RECREATION DEPARTMENT

1974 Commerce St. Room#122, Yorktown Heights, NY 10598

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 an aquatics staff member by completing the information below. All references will be kept confidential. Please return to the above address ASAP. Thank you for your assistance.

Sincerely,
James Torre
Senior Recreation Leader

	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 OR NO _____

Additional comments: _____

NAME: _____ SIGNATURE: _____ DATE: _____

PHONE: _____ RELATIONS TO APPLICANT (NO RELATIVES) _____

OFFICE USE ONLY

Reference Check Completed: _____
DATE

SIGNATURE

YORKTOWN PARKS & RECREATION DEPARTMENT

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OFFICE USE ONLY

Reference Check Completed: _____
DATE

SIGNATURE