



# TOWN OF YORKTOWN PARKS & RECREATION APPLICATION FOR SEASONAL EMPLOYMENT

COMPLETE APPLICATION AND REFERENCES AND RETURN ALL DOCUMENTS  
TO: YORKTOWN PARKS & RECREATION DEPARTMENT  
1974 COMMERCE ST. ROOMS 122 & 123, YORKTOWN HEIGHTS, NY 10598

NAME LAST			FIRST	MIDDLE	SOCIAL SECURITY #
ADDRESS			CITY	STATE	ZIP HOME # ( ) CELL # ( )
Date of Birth: _____		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 _____ 5. Park Maintenance _____					
4. Swim Aide _____ 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____		

Where did you hear about this program/job?

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Comments: \_\_\_\_\_

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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.

# **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 summer camp 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 J. Martorano, Jr.*  
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	_____	_____	_____	_____
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: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT

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

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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: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT

PHONE: \_\_\_\_\_ RELATION TO APPLICANT (no relatives): \_\_\_\_\_

OFFICE USE ONLY:

Reference Check Completed: \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE