



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			HOME # () CELL # ()
CITY		STATE	ZIP

Date of Birth: _____	Are you a Town of Yorktown Resident? ____ Yes ____ No	E-mail address _____
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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? ____ 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 ____
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	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? ____ Yes ____ 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.

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

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PRINT

PHONE: _____ RELATION TO APPLICANT (no relatives): _____

OFFICE USE ONLY:

Reference Check Completed: _____
DATE

SIGNATURE