

TOWN OF BETHLEHEM PARKS & RECREATION DEPARTMENT

SUMMER-2010

EMPLOYMENT APPLICATION



In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual preference or the presence of a non job-related medical condition or disability.

PERSONAL DATA:

PLEASE PRINT

TODAY'S DATE _____

NAME: Last FULL First M.I. DATE OF BIRTH (IF UNDER 18) _____

CURRENT ADDRESS: Number/Street SOCIAL SECURITY # _____

City State Zip TELEPHONE # _____

CELL # _____

E-Mail Address (Home): _____ E-Mail Address (School): _____

REFERRED BY: Name Address Phone _____

If you are not a U.S. citizen, what is your Alien Registration or Visa Classification Form Number? _____

Do you have a valid N.Y. State Drivers License? _____ Class _____

RANK YOUR ORDER OF WORK PREFERENCE :

- Golf Course Maintenance, Park Maintenance, Lifeguard, 6 WEEK COMMITMENT REQUIRED DURING SWIM LESSONS, Pool Attendant, Golf Course Attendant, Ranger, Office, Tiny Tot Swim Instructors, 6 WEEK COMMITMENT REQUIRED, Playground-Counselors and Supervisors, 7 WEEK COMMITMENT REQUIRED, Tennis Instructors, 6 WEEK COMMITMENT REQUIRED, Other Programs

INDICATE ANY CURRENT CERTIFICATIONS, QUALIFICATIONS, OR SKILLS YOU WOULD LIKE CONSIDERED:

AVAILABILITY

DATES YOU ARE AVAILABLE TO WORK: START DATE: _____ ENDING DATE: _____

IF EMPLOYED, WILL YOU NEED TIME OFF FOR A VACATION OR ANY OTHER REASON? YES _____ NO _____

IF YES, GIVE DATES: _____ REASON FOR TIME OFF: _____

IF EMPLOYED AT THE POOL: ARE YOU AVAILABLE TO WORK AUGUST 14-SEPTEMBER 6? YES _____ NO _____

DO YOU PLAY A FALL SPORT? YES _____ (Sport: _____) NO _____

**Your availability during the summer may be a determining factor in considering you for employment.*

EMPLOYMENT & BUSINESS EXPERIENCE

Indicate all full and part-time, summer, military and volunteer work. List most recent job first.

NAME & ADDRESS OF EMPLOYER	NATURE OF WORK	REASON FOR LEAVING	HOURS PER WEEK	DATE FROM/TO MO./YR.

EDUCATION

Includes all periods of schooling. List most recent first.

NAME & ADDRESS OF H.S., COLLEGE OR OTHER SCHOOLS	MAJOR FIELD	# OF YEARS COMPLETED BY 6/24/10

REFERENCES

Include personal and professional.

NAME	ADDRESS	PHONE #	RELATIONSHIP
1. _____			
2. _____			
3. _____			

As an applicant you agree to and understand the following:

1. Employment is conditional until information given by you has been verified.
2. You must meet minimum age requirements of applicable laws.
3. Your eligibility for a pension is based on the requirements set forth in the New York State Retirement Plan, the provisions of which will be described to you upon your employment. Additionally, if you do not satisfy the service and age requirements provided by the Plan, you will not be eligible to receive a pension.
4. The Town may conduct investigations including verification of prior employment history and education. By signing this application you authorize the Town to make these investigations, and you indicate your awareness that false statements or failures to disclose information may be sufficient to disqualify you for employment, or if employed may result in your dismissal.

APPLICANT SIGNATURE: _____ **DATE:** _____

Return to: Town of Bethlehem Parks & Recreation Department, 261 Elm Avenue, Delmar, NY 12054

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: _____ REVIEWED BY: _____ DATE: _____

COMMENTS: _____