

TOWN OF VAN BUREN PARKS AND RECREATION DEPARTMENT

www.townofvanburen.com 7350 Canton Street, Baldwinsville, NY 13027-8767 Telephone: 638-4727 Office Hours: 8:30am.-4:00pm.

APPLICATION FOR EMPLOYMENT

NAME:	PHONE:		
ADDRESS:			
CITY:			
ARE YOU A TOWN OF VAN BUREN RESIDENT? YES	:	_ NO:	
DO YOU POSSESS A VALID N.Y.S. DRIVER'S LICENSE	? YES:		(Required for the Park Attendant position ONLY)
HAVE YOU EVER BEEN CONVICTED OF A FELONY OF OFFENSE? YES () NO () IF YES, EXPLAIN:			
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POSITION APPLIED FOR: (Indicate 1st, 2nd, and 3rd ch	noice, if applicab	ole)	
Water Safety Instructor (WSI)	Recreation	Leader	Concession Worker
Supervising Lifeguard	Recreation	Aide	
Lifeguard	Park Attend	Park Attendant	
Pool Cashier	Contract Ins	structor	
EDUCATION:			
HIGH SCHOOL:			
COLLEGE:			
COLLEGE MAJOR:	DEGREE:		
<u>EMPLOYMENT</u>			
Begin from present or last employer.			
Place of Employment:		Ph	.#:
Street: City:		State: _	Zip:
Job Title:	Dates: (From)		(To)
Duties:			
Reason For Leav			
Place of Employment:		Ph	.#:
Street: City:		State: _	Zip:
Job Title: [Dates: (From)		(To)
Duties:			

Mornings () Afternoons ()	Evenings () Saturd	ays() Sundays()		
DATE YOU ARE AVAILABLE TO BEG	IN WORK:			
ARE YOU CERTIFIED IN ANY OF TH	E FOLLOWING?			
Water Safety Instructor	Date Card	Expires		
Lifeguard Training	Date Card	Date Card Expires		
YMCA Lifeguard	Date Card	Expires		
Standard or Community First Aid	Date Card	Expires		
Amer. Red Cross FPR (CPR for the Professional Rescuer)	Date Card	Expires		
Other:	Date Card	Expires		
GENERAL INFORMATION:				
Extra Curricular Activities:				
Sports and Hobbies:				
Special Talents:				
REFERENCES:				
NAME	ADDRESS	POSITION & PHONE NUMBER		
1				
2				
3				
***********	**********	*************		
** VOLUNTARY INFORMATION **				
AGE: DATE OF BIRTH: HOW DID YOU HEAR ABOUT THE JOB?				
** New York State Law prohibits discrindisability, marital status, or arrest record		ed, color, national origin, sex, age,		
************	***********	**************		
I declare that the information I have false or misleading information on the understand that completing and substitute interview.	nis application may be cause for	or employment termination. I also		
APPLICANT'S SIGNATURE		DATE		
OFFICE USE ONLY				
Interview Date:	Interviewed By:			
Comments:				

WHEN ARE YOU AVAILABLE FOR EMPLOYMENT? (Check all applicable):