

VILLAGE OF EAST SYRACUSE
/PARKS AND RECREATION DEPARTMENT
www.villageofeast Syracuse.com
204 N. Center Street, East Syracuse, NY 13057
Telephone: (315) 463 - 6714

APPLICATION FOR EMPLOYMENT

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP: _____

E-MAIL ADDRESS _____ DATE OF BIRTH ____/____/____

ARE YOU A VILLAGE OF EAST SYRACUSE RESIDENT? YES: _____ NO: _____

DO YOU POSSESS A VALID N.Y.S. DRIVER'S LICENSE? YES: _____ NO: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A MINOR TRAFFIC OFFENSE?
YES () NO ()

IF YES, EXPLAIN: _____

POSITION APPLIED FOR:

- | | |
|--------------------------------------|-------------------------|
| _____ Water Safety Instructor (WSI) | _____ Recreation Leader |
| _____ Lifeguard | _____ Receptionist |
| _____ Pool Supervisor /Park Security | |

EDUCATION:

HIGH SCHOOL: _____

COLLEGE: _____

COLLEGE MAJOR: _____ DEGREE: _____

EMPLOYMENT

Begin from present or last employer.

Place of Employment: _____ Ph.#: _____

Street: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Dates: (From) _____ (To) _____

Duties: _____

Reason For Leaving: _____

Place of Employment: _____ Ph.#: _____

Street: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Dates: (From) _____ (To) _____

Duties: _____

Reason For Leaving: _____

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

Mornings () Afternoons () Evenings () Saturdays () Sundays ()

DATE YOU ARE AVAILABLE TO BEGIN WORK: _____

ARE YOU CERTIFIED IN ANY OF THE FOLLOWING?

Water Safety Instructor _____ Date Card Expires _____

Lifeguard Training _____ Date Card Expires _____

YMCA Lifeguard , Boy Scout _____ Date Card Expires _____

Professional First Aid _____ Date Card Expires _____

Amer. Red Cross (CPR for the Professional Rescuer, infant, child Adult) _____ Date Card Expires _____

AED Training _____ Date Card Expires _____

Other _____ Date Card Expires _____

GENERAL INFORMATION:

Extra Curricular Activities: _____

Sports and Hobbies: _____

Special Talents: _____

REFERENCES:

<i>NAME</i>	<i>ADDRESS</i>	<i>POSITION</i>	<i>PHONE</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Background Investigation:

I understand that all applicants are required to undergo a background check and a search of the NYS Division of Criminal Justices Sex Offender Registry as required by the NYS Child Safety Act to determine suitability for appointment. Failure to meet the standards for the background investigation will result in disqualification

Applicant's Signature _____ Date: _____

