

# Town of Cicero Youth Bureau, Parks and Recreation

## Application for Employment

Cicero Youth Bureau, Parks & Recreation Department  
 P.O. Box 1517  
 Cicero, NY 13039  
 (315) 699-5233

Office Hours: Weekdays  
 8:30 a.m. - 4:30 p.m.

Date \_\_\_\_\_

Last Name	First Name	Middle Name
Street Address	City	State    Zip Code
Home Phone	Day Phone	Social Security Number
College Phone	e-mail address	
Person to contact in case of emergency		Phone
Position(s) Applied For:		

**Please answer the following items:**

- Are you a Cicero Resident?    YES \_\_\_\_\_    NO \_\_\_\_\_
- T-shirt size \_\_\_\_\_ Bathing suit size (if applicable) \_\_\_\_\_
- Have you ever been employed by the Town of Cicero before?    YES \_\_\_\_\_    NO \_\_\_\_\_  
     If yes, where and when? \_\_\_\_\_
- Are you 16 years of age or older? YES \_\_\_\_\_ NO \_\_\_\_\_  
     (Applicants under age 16 must have working papers)  
     If no, please state age: \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Are you currently employed?    YES \_\_\_\_\_    NO \_\_\_\_\_  
     If yes, may we contact your employer: YES \_\_\_\_\_ NO \_\_\_\_\_
- When are you available for employment?  
     \_\_\_\_\_ Summer    \_\_\_\_\_ Fall    \_\_\_\_\_ Winter    \_\_\_\_\_ Spring
- What date are you available to begin work? \_\_\_\_\_
- What age group do you prefer to work with?  
     \_\_\_\_\_ Pre-School    \_\_\_\_\_ Teenagers    \_\_\_\_\_ Senior Citizens  
     \_\_\_\_\_ Pre-Teen    \_\_\_\_\_ Adults    \_\_\_\_\_ Other
- Do you possess a valid New York State Drivers license? YES \_\_\_\_\_ NO \_\_\_\_\_  
     If YES, what is your Drivers License # \_\_\_\_\_  
     If NO, do you have transportation? YES \_\_\_\_\_ NO \_\_\_\_\_

- Do you have any impairments, physical, mental or medical, which would prevent you from performing in a reasonable manner the activities involved in the job or occupation for which applied?

YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain below:

\_\_\_\_\_

- General condition of health: \_\_\_\_\_
- Have you ever been convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

- Are you certified in any of the following?:

CPR Yes \_\_\_\_\_ No \_\_\_\_\_ Issue Date \_\_\_\_\_ Category Type \_\_\_\_\_

First Aid Yes \_\_\_\_\_ No \_\_\_\_\_ Issue Date \_\_\_\_\_ Category Type \_\_\_\_\_

Lifeguard Training Yes \_\_\_\_\_ No \_\_\_\_\_ Issue Date \_\_\_\_\_ Category Type \_\_\_\_\_

Waterfront Module Yes \_\_\_\_\_ No \_\_\_\_\_ Issue Date \_\_\_\_\_

Water Safety Instructor Yes \_\_\_\_\_ No \_\_\_\_\_ Issue Date \_\_\_\_\_

- Attach copies (front and back) of appropriate cards.
- Originals must be provided upon request.

**EDUCATION**

	School Name/Location	Year Completed	Course of Study/Degree Received
High School			
College			
Graduate/Professional			

- Describe any specialized training, skills, and/or extra-curricular activities that you are involved in:

\_\_\_\_\_  
\_\_\_\_\_

- Describe any volunteer experience you have done related to the position.

\_\_\_\_\_  
\_\_\_\_\_

- List any skills, abilities or leadership experiences you feel qualify you for the position.

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**EMPLOYMENT EXPERIENCE**

Employer		Dates Employed From                  To		Work/Duties Performed  <hr/> <hr/> <hr/> <hr/>
Address				
Telephone #		Hourly Rate/Salary Starting                  Final		
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed From                  To		Work/Duties Performed  <hr/> <hr/> <hr/> <hr/>
Address				
Telephone #		Hourly Rate/Salary Starting                  Final		
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed From                  To		Work/Duties Performed  <hr/> <hr/> <hr/> <hr/>
Address				
Telephone #		Hourly Rate/Salary Starting                  Final		
Job Title	Supervisor			
Reason for Leaving				

**REFERENCES**

Give name, address and telephone number of 3 references who are not related to you. These references can be previous employers.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**PLEASE SIGN THE FOLLOWING STATEMENT**

I certify that answers herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in making decisions in hiring.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination of employment by the Youth Bureau, Parks & Recreation Department.

I understand that I am required to abide by all rules and regulations of the employer.

I understand that by completing this application, I am authorizing the Town of Cicero and its agents, servants and employees to conduct a Criminal History Records Check; and I am simultaneously executing the attached authorization.

\_\_\_\_\_  
 Signature of Applicant Date

**FOR PERSONNEL DEPARTMENT ONLY**

Arrange Interview? YES \_\_\_\_\_ NO \_\_\_\_\_

Date Interviewed: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Interview Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employed? YES \_\_\_\_\_ NO \_\_\_\_\_ Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

