

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 _____

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.

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		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				

