

Applicant MUST complete this application

APPLICATION FOR SEASONAL EMPLOYMENT

TOWN OF BEDFORD RECREATION AND PARKS DEPARTMENT

425 Cherry Street
Bedford Hills, NY 10507
914-666-7004

(PLEASE PRINT)

| | | | | | |
|----------------------|--------|------------|-----------------|-------------|--|
| LAST NAME | | FIRST NAME | | MIDDLE NAME | |
| ADDRESS NUMBER | STREET | CITY | STATE | ZIP CODE | |
| TELEPHONE NUMBER (S) | | | E-MAIL- ADDRESS | | |
| HOME: | | CELL: | | | |

POSITION (S) APPLYING FOR:

Refer to Positions on Employment Application Instruction Sheet- **Please make sure you meet the age requirement**

| |
|--|
| |
|--|

Please tell us why you think you would be a good candidate for the position you are applying for.

EDUCATION

| | Name and Address Of School | Course of Study | Dates of Attendance | Diploma/ Degree |
|-----------------------|----------------------------|-----------------|---------------------|-----------------|
| High School | | N/A | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |

High School Grade completing by end of school year 9th _____ 10th _____ 11th _____ 12th _____

College year completing by end of school year 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

Employment Experience (Include volunteer and/or babysitting positions) Start with most recent job

1

| | | | |
|----------------|--------------------|--------------------|------------------------------|
| Employer | Address | | Phone Number |
| Job Title | Supervisor | | Dates Employed |
| Work Performed | Reason For Leaving | Hourly Rate/Salary | May we contact your employer |

2

| | | | |
|----------------|--------------------|--------------------|------------------------------|
| Employer | Address | | Phone Number |
| Job Title | Supervisor | | Dates Employed |
| Work Performed | Reason For Leaving | Hourly Rate/Salary | May we contact your employer |

3

| | | | |
|----------------|--------------------|--------------------|------------------------------|
| Employer | Address | | Phone Number |
| Job Title | Supervisor | | Dates Employed |
| Work Performed | Reason For Leaving | Hourly Rate/Salary | May we contact your employer |

If you need additional space, please continue on a separate sheet of paper.

REFERENCES (Adult references only - No relatives)

1.

Name Relationship Phone #

Address

2.

Name Relationship Phone #

Address

3.

Name Relationship Phone #

Address

Applicants Name _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Are you a United States citizen? Yes No

If no, do you have a Resident Alien Card? Yes No

On what date are you available to work? _____

Have you ever been convicted of a crime? Yes No

If yes, explain _____

Driver's License number: _____

State: _____

Additional Information

Describe any specialized training, experience, skills and /or interest that will give us a better overview of your experience.

Certifications

Indicate any certifications that you currently possess. You must also attach a photocopy of each certificate.

| NAME OF CERTIFICATIONS | ORGANIZATIONS | EXPIRATION DATE |
|--------------------------------------------------------------------------|----------------------|------------------------|
| Aquatics Training Please list all certifications below | | |
| | | |
| | | |
| First Aid and CPR Classes Please list all certifications below | | |
| | | |
| | | |
| Other | | |
| | | |

I CERTIFY THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE AND AUTHORIZE THE TOWN OF BEDFORD TO CHECK MY REFERENCES AND RUN A BACKGROUND CHECKS IF REQUIRED.

Applicant's Signature

Today's Date

If you are under the age of 18 your parent/guardian must sign. Their signature below indicates they have reviewed all information and the information contained in this application is accurate.

Parent/Guardian signature for applicant if under 18

Today's Date

For Department Use Only

Date received application _____

Arrange an Interview Yes No Forward to _____ Department

Date/Time of Interview _____

On Time for interview _____

Interviewed by _____

Position applying for _____ Location of job _____

Remarks: _____

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>RECOMMENDED FOR EMPLOYMENT _____ YES _____ NO _____ ALT</p> <p>Job Title _____ Date of Employment _____</p> <p>Job Location _____ Hourly Rate/ Salary _____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Supervisors Signature _____

Date _____



Town of Bedford Recreation & Parks Department

Complete and Return to
425 Cherry Street
Bedford Hills, NY 10507
Fax 914-666-3863
E-mail recreation@bedfordny.gov

To be completed by Applicant: (Please type or print)

Applicant's Name: _____ Applicant's Signature: _____

Position applying for: _____ Date: _____

I hereby give permission for the person named below to provide a reference for employment to the Town of Bedford. – No Relatives

To be completed by reference (Please type or print)

The person whose name is listed above has applied for a job with The Town of Bedford. The applicant has listed you, as a person willing to give an evaluation. Please take a few minutes to review the candidate as well as any additional information you can give us. All information will be kept confidential.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Would you let the applicant babysit for your own children? _____

Would you let the applicant house sit for you? _____

If you were in the position to do so, would you hire the applicant to work in your organization? _____

Name two Strengths the applicant possesses _____

Name two Weaknesses of the Applicant _____

Please rate the applicant on the following criteria:

| | Excellent | Good | Satisfactory | Poor | Cannot Assess |
|------------------------------------|-----------|------|--------------|------|---------------|
| Able to work as part of a team | | | | | |
| Ability to communicate effectively | | | | | |
| Energy level | | | | | |
| Responsibility | | | | | |
| Initiative | | | | | |
| Leadership | | | | | |
| Emotional stability | | | | | |
| Attitude | | | | | |
| Response to criticism/supervision | | | | | |
| Dependability | | | | | |
| Organizational Skills | | | | | |

Would you recommend the applicant for a job with the Town of Bedford? _____

We often make follow-up phone calls to have a personal contact with references. Please let us know your phone number and what would generally be a good time to contact you. Thank you.

Your Name _____

Signature _____

Telephone: _____

Contact Time: _____

TOB Check Reference _____



Town of Bedford Recreation & Parks Department

Complete and Return to
425 Cherry Street
Bedford Hills, NY 10507
Fax 914-666-3863
E-mail recreation@bedfordny.gov

To be completed by Applicant: (Please type or print)

Applicant's Name: _____ Applicant's Signature: _____

Position applying for: _____ Date: _____

I hereby give permission for the person named below to provide a reference for employment to the Town of Bedford. – No Relatives

To be completed by reference (Please type or print)

The person whose name is listed above has applied for a job with The Town of Bedford. The applicant has listed you, as a person willing to give an evaluation. Please take a few minutes to review the candidate as well as any additional information you can give us. All information will be kept confidential.

How long have you known the applicant? _____

What is your relationship to the applicant? _____

Would you let the applicant babysit for your own children? _____

Would you let the applicant house sit for you? _____

If you were in the position to do so, would you hire the applicant to work in your organization? _____

Name two Strengths the applicant possesses _____

Name two Weaknesses of the Applicant _____

Please rate the applicant on the following criteria:

| | Excellent | Good | Satisfactory | Poor | Cannot Assess |
|------------------------------------|-----------|------|--------------|------|---------------|
| Able to work as part of a team | | | | | |
| Ability to communicate effectively | | | | | |
| Energy level | | | | | |
| Responsibility | | | | | |
| Initiative | | | | | |
| Leadership | | | | | |
| Emotional stability | | | | | |
| Attitude | | | | | |
| Response to criticism/supervision | | | | | |
| Dependability | | | | | |
| Organizational Skills | | | | | |

Would you recommend the applicant for a job with the Town of Bedford? _____

We often make follow-up phone calls to have a personal contact with references. Please let us know your phone number and what would generally be a good time to contact you. Thank you.

Your Name _____

Signature _____

Telephone: _____

Contact Time: _____

TOB Check Reference _____

Town Of Bedford Recreation and Parks Department
425 Cherry Street
Bedford Hills, NY 10507
914-666-7004

Employment Application Instructions

1. Application must be completely filled out and signed **by applicant**.
(If applicant is under 18 a parent or guardian must review and sign application)
2. Lifeguard applicants must provide a photocopy (front and back) of all certifications.
3. Each applicant should submit 2 reference letters or Reference Forms. Adults should only complete reference letters/forms. (No relatives). Please have references mailed directly to the Recreation Department.
4. Please use chart below to determine what position you are applying for.

Position Applying For:

POOLS

| | | |
|--------------------|---------------|------------------------------------------------------------------|
| Director | Age 25 and up | must be certified in Lifeguard training/CPR/AED/First Aid |
| Assistant Director | Age 21 and up | must be certified in Lifeguard training/CPR/AED/First Aid |
| Head Lifeguard | Age 19 and up | must be certified in Lifeguard training/CPR/AED/First Aid |
| Lifeguards | Age 16 and up | must be certified in Lifeguard training/CPR/AED/First Aid |
| Swim Instructors | Age 18 and up | must be certified in Lifeguard training/CPR/AED/First Aid |
| Swim Team Coach | Age 18 and up | Completed 12 th grade - Coaching Experience Preferred |
| Dive Team Coach | Age 18 and up | Completed 12 th grade - Coaching Experience Preferred |
| Desk Attendants | Age 16 and up | |

Day Camps (8:45-3:15)/ Tiny Tots (8:45-12:15)

| | | |
|---------------------|---------------|-----------------------------------------------------|
| Director | Age 25 and up | Certified in RTE/CPR for Professional Rescuer |
| Assistant Directors | Age 21 and up | Certified in RTE/CPR for Professional Rescuer |
| Specialists | | |
| Arts and Crafts | Age 20 and up | Certified in RTE/CPR for Professional Rescuer |
| Athletics | Age 20 and up | Certified in RTE/CPR for Professional Rescuer |
| Music (TT) | Age 20 and up | Certified in RTE/CPR for Professional Rescuer |
| Tennis Instructor | Age 20 and up | Certified in RTE/CPR for Professional Rescuer |
| Senior Counselor | Age 18 and up | OR Completed 12 th grade with experience |
| Junior Counselor | Age 16 and up | |
| CIT | Age 15 and up | |

Counselor in Training - (CIT is an unpaid position) **NO AVAILABILITY in 2021**

Park/Pool Maintenance

| | | |
|---------------------------|---------------|----------------------------------------------------------|
| Groundskeeper/Maintenance | Age 18 and up | Completed 12 th grade with related experience |
|---------------------------|---------------|----------------------------------------------------------|

General Programs

| | | |
|--------------------|---------------|---------------------------------------------------------------|
| Program Instructor | Age 21 and up | Completed 12 th grade with related work experience |
| Program Leader | Age 18 and up | Completed 12 th grade with related work experience |
| Program Assistant | Age 16 and up | Completed 10 th grade with related work experience |

Other _____