



ORCHARD PARK RECREATION

200 North Lake Drive Orchard Park, New York 14127-2609

(716) 662-6450 Fax: (716) 209-0210

E-Mail: oprec@orchardparkny.org Website: www.orchardparkny.org

Application for Employment

An Equal Opportunity Employer

Discrimination because of Race, Color, Religion, Sex, National Origin, Age, Disability, or Marital Status is prohibited by Law

Last Name	First Name	Middle Initial
Permanent Address		
Telephone #: ()	Other Phone #: ()	E-Mail Address:
Other Address (ie. school)		
Date of Birth:	Social Security #:	If your records are listed under any other name, please list name:
Do you have a valid motor vehicle license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:	Vehicle Plate #:
Have you ever applied to work for the Town of Orchard Park? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give department and dates:		
Have you ever been employed by the Town of Orchard Park ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give department, title and dates		
<u>Position Applying For:</u> 1 st Choice: 2 nd Choice: <u>Positions Available:</u> Aquatics- Lifeguards, Swim Instructors Camp Counselors Sports Instructors Preschool programs Art programs	<u>Hope to work with:</u> (please circle all that apply) Ages 2-5 Ages 6-10 Ages 11-13 Ages 14-16	<u>Availability:</u> Start Date: End Date: Exception Dates:

EDUCATION

Name of School	Address	Dates Attended	Did you Graduate?	Course of Study/Degree
High School:				
College:				
Other:				

EMPLOYMENT RECORD				
Record all Previous Employment, Beginning with Present or Most Recent Employment				
Dates Employed From: Mo/Yr To: Mo/Yr	EMPLOYER	POSITION/TITLE	SALARY	REASON FOR LEAVING
	Name			
	Street			
	City Zip Code			
	Phone #: ()			
	Name			
	Street			
	City Zip Code			
	Phone #: ()			
	Name			
	Street			
	City Zip Code			
	Phone #: ()			

REFERENCE

Please list 3 references below who are NOT related to you and are NOT previous employers. If you are a student, one of your references should be a teacher or school counselor of your choice. Please note: References may be contacted.

NAME	ADDRESS	STATE	ZIP CODE	PHONE #	RELATIONSHIP

- Have you ever been convicted of any felony?
 Yes No
- Are you willing to accept employment subject to our established rules and practices as no or hereafter in force?
 Yes No
- Do you understand that employment is contingent upon you having required certifications?
 Yes No
- Do you understand that employment is contingent on a background check, screening and reference check?
 Yes No
- Do you understand that employment is contingent on your appointment by the Town Board?
 Yes No

Before signing this application, review carefully the questions asked and the answers you have given. Be sure to read the following statement.

STATEMENT OF ACCURACY:

I understand that, if I am employed, I will be subject to discharge regardless of length of employment, if it is determined by the company that any of the information I have given in this application is false or incorrect, or if I have failed to give any information herein requested.

Signature: _____

Date: ____/____/____