

Town of Gates Recreation and Parks Department

1605 Buffalo Road, Rochester, New York 14624 Phone: 585-247-6100 Email: gatesrec@townofgates.org Town Supervisor Cosmo A. Giunta

Town Board Lee A. Cordero Christopher B. DiPonzio Andrew M. Loughlin Steve Tucciarello

Recreation Director Daniel Hoock

RECREATION & PARKS DEPARTMENT APPLICATION FOR EMPLOYMENT

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

PERSONAL INFORMATION:

Name:		Applicati	on Date:
Last	First	Middle Initial	
Home Address:		City:	Zip:
Temporary Address:		City:	Zip:
Phone Number: ()	Alternate Phor	e: (E-Mail A	.ddress
Please indicate by checking	appropriate box		
18 years of age of	rolder		
<u> </u>	nge (do you have workin	g papers? <u>yes</u> no	
•	f age (You must be at le tion and Parks Departme	ast 16 years of age to obtain pa nt)	id employment with
Are you legally eligibility to (Proof of identity and eligibi	- ·	•	
Do you have a valid New Yo	ork State Driver's Licens	e?yes no If yes, what o	class?
Have you ever been convicted	d of or have pending action	on against you for any violation of	of the law? <u>yes</u> no
If yes, when and where?			
-			

An answer of yes to this question does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying.

Have you ever worked for the Town before? ____ yes ____ no

POSITION APPLYING FOR:

Please check all that apply:	
Paid Staff Member: Full-time	General Part-time Summer Contractual
Un-paid Staff Member: General V	Volunteer Internship
Area(s) of Interest:Office/clerical	Recreation programs Parks maintenance/operation Vehicle driver
Starting Date Available:	Indicate days & hours available: Days Evenings Weekends

OFFICE USE			
Date Received			
Interview Date			
Interview Time			

EMPLOYMENT HISTORY:

r reuse start with most recent employer			
Name of Employer:	Supervisor's Name, Title & Telephone#:		
Full Address (include street, city, state & zip):	Dates employed: From / / To / /		
	Rate of Pay: Beginning Ending		
Position Title:	Reason for leaving:		
Describe work performed:			
Name of Employer:	Supervisor's Name, Title & Telephone#:		
Full Address (include street, city, state & zip):	Dates employed: From / / To / /		
	Rate of Pay: Beginning Ending		
Position Title:	Reason for leaving:		
Describe work performed:			
Name of Employer:	Supervisor's Name, Title & Telephone#:		
Full Address (include street, city, state & zip):	Dates employed: From / / To / /		
	Rate of Pay: Beginning Ending		
Position Title:	Reason for leaving:		
Describe work performed:			

We may contact employers listed above unless you indicate those you do not want us to contact.

Do not contact the following employer(s):	Reason:

Note: Please complete a second EMPLOYMENT HISTORY page, if you have additional employment history that you would like taken into consideration.

Briefly list other experience, skills, certifications, and/or specialized training you have which might have a bearing on this application.

EDUCATION:

School Name	Name and Address	From	То	Date Graduated or Expected	Course of Study Diplomas/Degree
High School/GED					
College/Business School					
Graduate School (Trade, Technical, Other)					

Are you currently certified in ____ First Aid or ___ CPR? If yes list type, level completed and expiration dates:

REFERENCES:

Please list 3 people who are not related to you and who are familiar with your qualifications for employment:

Name	Address (street, town, zip code)	Telephone	E-Mail	Relationship
1.				
2.				
3.				

IMPORTANT – PLEASE READ AND SIGN:

I hereby declare the information provided by me in this APPLICATION FOR EMPLOYMENT is true, correct, and complete to the best of my knowledge. I understand that no contract for employment is created by this application. I also understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying information to the Town, and I also release the Town of Gates from all liability that might result from making an investigation.

I further understand employment with Gates Recreation and Parks Department is contingent upon successful completion of a background check and providing the documents needed to prove my identity and eligibility to work in the United States.

Signature _

Date

The Town of Gates is an Equal Opportunity Employer. The Town of Gates prohibits discrimination on basis of Age, Sex, Race, Creed, Color, National Origin, Disability, Marital Status, or Sexual Orientation.

GATES RECREATION AND PARKS DEPARTMENT, 1605 BUFFALO ROAD, ROCHESTER, NY 14624

OFFICE USE ONLY					
Interview Date	References Chec	ked	Background Check		
Commission Approval	Position		Rate of Pay		
Date Job Offered	Accepted	Declined	Start Date		