



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

OFFICE USE
Date Received
Interview Date
Interview Time

PERSONAL INFORMATION:

Name: Last First Middle Initial Application Date:

Home Address: City: Zip:

Temporary Address: City: Zip:

Phone Number: () E-Mail Address

Please indicate by checking appropriate box

- 18 years of age or older
16 - 17 years of age (do you have working papers? yes no)

Are you legally eligibility to be employed in the United States? yes no
(Proof of identity and eligibility will be required upon employment.)

Do you have a valid New York State Driver's License? yes no If yes, what class?

Have you ever been convicted of or have pending action against you for any violation of the law? yes 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 Volunteer Internship

Area(s) of Interest: Office/clerical Recreation programs Parks maintenance/operation Vehicle driver

Starting Date Available:

Dates Unavailable:

EMPLOYMENT HISTORY:

Please start with most recent employer

| | |
|---|--|
| Name of Employer: | Supervisor's Name, Title & Telephone # or email: |
| 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 # or email: |
| 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 # or email: |
| 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 | 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.

PLEASE RETURN THIS APPLICATION TO:

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

OFFICE USE ONLY

| | | |
|---------------------------|-------------------------------|------------------------|
| Interview Date _____ | References Checked _____ | Background Check _____ |
| Commission Approval _____ | Position _____ | Rate of Pay _____ |
| Date Job Offered _____ | Accepted _____ Declined _____ | Start Date _____ |