

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 _____