

TOWN OF GREENBURGH APPLICATION FOR EMPLOYMENT

Instructions: Complete both sides of this application, sign it, and return it to:

Greenburgh Town Hall, 177 Hillside Ave., Greenburgh NY 10607

Additional Information may be written on a separate sheet of paper and attached to this application

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
ADDRESS		CITY, STATE, ZIP	TELEPHONE NUMBER
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="radio"/> YES <input type="radio"/> NO If not, please state your age		Minimum hire age is 15	If under 18, do you have working papers? <input type="radio"/> YES <input type="radio"/> NO Required

JOB PREFERENCE & AVAILABILITY

Check off your job preferences below (max 3) in preference order :

Theodore D. Young Community Center	<input type="checkbox"/>	<input type="checkbox"/>	Have you worked for the Town of Greenburgh before? Yes <input type="radio"/> No <input type="radio"/> Department & Dates:
- Programs			
- Pools			
- Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>	Availability to work: Dates: From _____ To _____ Month/Day Month/Day Times: From _____ To _____ am/pm am/pm
Parks & Recreation	<input type="checkbox"/>	<input type="checkbox"/>	
- Day camps	<input type="checkbox"/>	<input type="checkbox"/>	
- Programs	<input type="checkbox"/>	<input type="checkbox"/>	Department of Public Works
- Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>	
- Parks/Grounds	<input type="checkbox"/>	<input type="checkbox"/>	
- Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	
- Water Shop	<input type="checkbox"/>	<input type="checkbox"/>	Library
- Equipment and Repair	<input type="checkbox"/>	<input type="checkbox"/>	
- Highway	<input type="checkbox"/>	<input type="checkbox"/>	

EDUCATION	Name & Location	Course/Major	Years Completed
Grammar School			
High School/GED			
College/Business School			
Graduate/Professional			
Certificate/Special Training			

EMPLOYMENT HISTORY *Please list jobs in chronological order*

NAME & ADDRESS OF EMPLOYER	From Month/year	To Month/year	Kind of Work or List Position	Salary	Reason for Leaving and Supervisor's Name/Phone

NAME:

Do you have any computer skills? No <input type="radio"/> Yes <input type="radio"/>		Can you type?	Any other skills? Please specify.			
Specify:		No <input type="radio"/> Yes <input type="radio"/> WPM				
Do you have a Driver's License?	Can you operate any other Equipment?					
No <input type="radio"/> Yes <input type="radio"/> Type	No <input type="radio"/> Yes <input type="radio"/> Specify					
Lifeguard Certifications:	<u>Current Cert</u>	<u>Expiration</u>	In addition to English, are you fluent in any other language?			
R-94			No <input type="checkbox"/> Yes <input type="checkbox"/>			
R-01			<u>Language</u>	<u>Speak</u>	<u>Read</u>	<u>Write</u>
First Aid						
CPR/PR						
Other:						

BACKGROUND - All statements are subject to verification

Have you ever been convicted of a crime (felony, misdemeanor, or violation)? No Yes
If yes please explain. Include conviction and date. Attach additional pages if necessary
A conviction of a felony, misdemeanor or violation is not an automatic bar to employment, but will be considered in accordance with Section 752 of the Correction Law.

Have you ever been released from a job for a reason other than lack of work or end of program?
No Yes If yes, please explain.

AFFIRMATION

I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. Your signature below shall constitute your consent for use by the prospective appointing authority as part of a background investigation.

Pursuant to 210.45 of the New York State Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.

Applicant's Signature _____ Date _____

If Applicant Is Under Age 18, the Signature of a Parent or Legal Guardian is Required

I have read my child's/ward's completed application form and hereby give my permission for her/him to be hired by the Town of Greenburgh for the purpose of seasonal employment and further give permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Town of Greenburgh Comptroller's Office and, upon receipt by the Comptroller's Office of said revocation, my child's /ward's employment shall be terminated.

Signature of Parent or Legal Guardian _____ Date _____

Print Name _____

The Town of Greenburgh is an Equal Opportunity Employer.