

TOWN OF GREENBURGH APPLICATION FOR EMPLOYMENT

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

Department of Community Resources (TDYCC), 32 Manhattan Ave., White Plains, 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? If not, please state your age | | ___ YES ___ NO Minimum hire age is 1½ | If under 18, do you have working papers? ___ YES ___ NO Required |

JOB PREFERENCE & AVAILABILITY

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

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

| 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 with most recent first*

| 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 |
|----------------------------|--------------------|------------------|----------------------------------|--------|---|
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| | | | | | |
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| | | | | | |

**Fill out application - then print, sign and return.
Must have original signature.**

NAME:

SKILLS

| | | | | | | | |
|---|--|---|--|-----------------------------------|--|---|--|
| Do you have any computer skills? No ____ Yes ____ Specify: | | Can you type? No ____ Yes ____ WPM | | Any other skills? Please specify. | | | |
| Do you have a Driver's License? No ____ Yes ____ Type ____ | | Can you operate any other Equipment? No ____ Yes ____ Specify ____ | | | | | |
| Lifeguard Certifications: | | <u>Current Cert</u> | | <u>Expiration</u> | | In addition to English, are you fluent in any other language? No ____ Yes ____ | |
| R-94 | | | | | | | |
| R-01 | | | | | | | |
| 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

This section MUST be completed

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.

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Must have original signature.