

**2017**  
**TOWN OF AURORA PARKS & RECREATION**  
**300 GLEED AVENUE, EAST AURORA, NY 14052**

**PLEASE RETURN APPLICATION by 3/17/17**

TODAY'S DATE: \_\_\_\_\_ DATE RECEIVED (office only) \_\_\_\_\_

PROGRAM OR POSITION APPLYING FOR: \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING – PLEASE READ CAREFULLY**

1. Complete the application by printing in ink or by typing.
2. Residents, 15 years or older, with Lifeguard Training certifications or under certain circumstances may be considered. Nonresidents may apply with the understanding that they will only be considered if a resident cannot fill the position.
3. Youth, 17 years and younger, **MUST have Working Papers submitted with this application.** Please go to your High School for Working Papers application.
4. To be considered for any recreation position, you must have a Social Security number, a current Red Cross or American Heart Association CPR card, and a Community First Aid & Safety card. Classes will be offered in June for hired employees. (Applicants may apply without the certifications, but they will not be permitted to work until they have become certified through courses offered by the Dept. of Parks & Recreation.)
5. The minimum qualifications for a Lifeguard are possession of a Red Cross Lifeguard Training Certification. Priority is given to those who also possess a WSI or WSA certification and have worked for us during Fall/Spring.
6. Applicants must be scheduled for an employment interview unless otherwise notified.

**CERTIFICATION INFORMATION – A copy of all current certifications must accompany this application if they were not earned through the Rec. Dept. Applications will be returned without copies of current cards.**

<u>Type</u>	<u>Complete</u>	<u>In progress</u>	<u>Expiration date</u>	<u>Certification from</u>
CPR/AED	_____	_____	_____	_____
Com. First Aid & Safety	_____	_____	_____	_____
Lifeguard Training	_____	_____	_____	_____
Water Safety Instructor	_____	_____	_____	_____
Responding to Emerg.	_____	_____	_____	_____

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Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (Town) \_\_\_\_\_ (Zip Code)

Phone # \_\_\_\_\_ College/Cell phone # \_\_\_\_\_

Email address \_\_\_\_\_

\*The New York State law against discrimination prohibits discrimination because of age, sex, or transportation.

<u>Education</u>	<u>School</u>	<u>Location</u>	<u>Year/Degree</u>
High School	_____		
College	_____		
Other (specialized training, etc.)	_____		

**Work and/or Volunteer Experience**

Organization/Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dates \_\_\_\_\_ Description of Duties \_\_\_\_\_

Organization/Name \_\_\_\_\_ Phone # \_\_\_\_\_

Dates \_\_\_\_\_ Description of Duties \_\_\_\_\_

**References – Please give 3 adult references – no relatives.**

<b>Name</b>	<b>Address</b>	<b>Phone</b>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**APPLICANT'S AREAS OF INTEREST**

**Please check program(s) that you're interested in working**

- |  |  |  |                                       |                                       |
|--|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baseball        | <input type="checkbox"/> Drama           | <input type="checkbox"/> Street Hockey   | <input type="checkbox"/> Pool         | <input type="checkbox"/> Song & Dance |
| <input type="checkbox"/> Baseball umpire | <input type="checkbox"/> Softball Umpire | <input type="checkbox"/> Lacrosse  | <input type="checkbox"/> Badminton    | <input type="checkbox"/> Tennis       |
| <input type="checkbox"/> Basketball      | <input type="checkbox"/> Hamlin Day Camp | <input type="checkbox"/> Art   | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Tot Program  |
| <input type="checkbox"/> Track           | <input type="checkbox"/> Soccer          | <input type="checkbox"/> Adults with Special needs programs (Kickball and/or Floor hockey) |                                       |                                       |

Have you ever conducted lessons in any of the above?  yes  no

If yes, where and when \_\_\_\_\_

Briefly state your reasons for wanting to work for the town \_\_\_\_\_

What do you feel you will be able to offer the program? \_\_\_\_\_

Except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of an offense against the law, forfeited collateral or are under charges for any offense against the law?  
 yes  no

All of the information contained above shall be true and correct to the best of my knowledge.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_