

2021

TOWN OF AURORA PARKS & RECREATION

575 OAKWOOD AVENUE, EAST AURORA, NY 14052

PLEASE RETURN APPLICATION TO: Elaine Schiltz - Special Events Coordinator by 3/19/21

Complete the application by printing in ink

Today's date: _____

Program or position applying for: _____

Name _____ **Date of Birth*** _____

Address _____
(Street) (Town) (Zip Code)

Cell Phone # _____ **Home phone #** _____

Email address _____

Rules and regulations for potential employees:

1. Residents, 15 years or older, may be considered for a position. Nonresidents may apply with the understanding that they will only be considered if a resident cannot fill the position.
2. Youth, 17 years and younger, **MUST have Working Papers submitted with this application.** Please go to your High School for Working Papers application.
3. To be considered for any recreation position, you must have a Social Security number and a current Red Cross or American Heart Association CPR and First Aid card. Classes will be offered in June for hired employees if needed. (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.)
4. Applicants may be scheduled for an employment interview.

CERTIFICATION INFORMATION - Attach a copy of all current certifications if they were not earned through the Rec. Dept.

| <u>Type</u> | <u>Current</u> | <u>Expiration date</u> | <u>Certification from</u> |
|----------------------|----------------|------------------------|---------------------------|
| CPR/AED | _____ | _____ | _____ |
| First Aid & Safety | _____ | _____ | _____ |
| Responding to Emerg. | _____ | _____ | _____ |

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

Education

School

Location

Year/Degree

High School _____

College _____

Other (specialized training, etc.) _____

Work Experience

Organization/Name _____ Phone # _____

Dates _____ Description of Duties _____

Volunteer Experience

Organization/Name _____ Phone # _____

Dates _____ Description of Duties _____

References - Please give 3 adult references - no relatives.

| Name | Address | Phone |
|-------------|----------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

APPLICANT'S AREAS OF INTEREST

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

- T ball
 Drama
 Street Hockey
 Song & Dance
 Lacrosse
 Badminton
 Tennis
 Tot Program
 Basketball
 Day Camp
 Art
 Field Hockey
 Track
 Soccer
 Volleyball
 Adults with Special needs programs (Kickball and/or Floor hockey)

Have you ever supervised children 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