TOWN OF AURORA
APPLICATION FOR EMPLOYMENT

The Town of Aurora is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin, or ancestry, sex, including pregnancy, age, physical or mental disability, gender dysphoria and similar gender-related conditions, gender, veteran or military status, actual or perceived sexual orientation, gender identity or expression, including status as a transgender individual, predisposing genetic characteristics, genetic information, marital status, familial status, domestic violence victim status, or any other legally recognized protected basis under federal, New York, or local laws. The information collected by this applicant is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants. Please legibly print your answers to the questions below.

Position(s) Applied for		Date of Application			
Print Name (Last, First, & Middle)		Other Names Used			
Street Address		City		State	Zip Code
Home Phone Number	Cell Phone Number	Email			

Have you ever worked for the Town before?.. ☐ Yes ☐ No

If yes, please give dates and position: _____

EMPLOYMENT EXPERIENCE: PLEASE LIST THE NAMES OF YOUR PRESENT OR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT OR MOST RECENT EMPLOYER LISTED FIRST. AS NEEDED, YOU MAY INCLUDE ADDITIONAL JOBS ON A SEPARATE PIECE OF PAPER.

Name of Employer:	Supervisor:	May we contact: ☐ Yes ☐ No
Street Address:	Main Phone Number:	
Dates Employed (Month/Year)From: To:		
Job Title and Duties:	Reason for Leaving:	

Name of Employer:	Supervisor:	May we contact: ☐ Yes ☐ No
Street Address:	Main Phone Number:	
Dates Employed (Month/Year)From: To:		
Job Title and Duties:	Reason for Leaving:	

Name of Employer:	Supervisor:	May we contact: ☐ Yes ☐ No
Street Address:	Main Phone Number:	
Dates Employed (Month/Year)From: To:		
Job Title and Duties:	Reason for Leaving:	

EDUCATION: PLEASE DESCRIBE YOUR EDUCATIONAL BACKGROUND IN THE TABLE PROVIDED BELOW:

	School Name	Years Completed	Diploma/ Degree (Yes/No)	Course of Study/Major	Specialized Training, Skills, or Extra-Curricular Activities
High School					

College/ University				
Graduate/ Professional School				
Trade School				
Other				
Military Service				

GENERAL INFORMATION

1. On what date are you available to begin work? _____

2. Days/Hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

3. Are you available to work? ☐ Full-time ☐ Part-time ☐ Shift Work ☐ Temporary

4. Are you at least 18 years old? .... ☐ Yes ☐ No

   a. Note: If under 18, your hire is subject to verification that you are of minimum legal age.

5. If hired, can you present evidence of your identity and legal right to work in this country?..... ☐ Yes ☐ No

6. If required for the position for which you are applying, do you possess a valid NYS driver's license? ☐ Yes ☐ No

REFERENCES (PLEASE LIST THREE REFERENCES WE MAY CONTACT REGARDING YOUR EMPLOYMENT HISTORY/ CHARACTER)

Reference Name	Relationship	Contact Information

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION, *PLEASE READ CAREFULLY BEFORE SIGNING*

- I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

- I understand that submission of an application does not guarantee an employment opportunity. I further understand that, should an offer of employment be extended by the Town of Aurora (hereinafter referred to as The Town) that such employment with The Town is at-will, with no specified duration and may be terminated by either The Town or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of The Town or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of The Town except the Town Board and Elected Officials has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by The Town Board of the Town of Aurora.

- I understand that if offered a position with The Town, I may be required to submit to a pre-employment medical examination, drug screening, motor vehicle records check and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

- I hereby authorize any and all schools, former employers, references, courts, and any others who have information about me to provide such information to the Town of Aurora and/or any of its representatives, agents or vendors.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

_____

Signature   **Date**

Name and number of person completing this form if other than applicant: _____

Name:_____   Phone:_____

Email:_____

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.

Please circle your T-shirt size?   S   M   L   XL

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

Type	Current	Expiration date	Certification from
CPR/AED	_____	_____	_____
First Aid & Safety	_____	_____	_____
Responding to Emerg.	_____	_____	_____

Volunteer Experience

Organization/Name _____Phone # _____

Dates_____ Description of Duties_____

APPLICANT'S AREAS OF INTEREST   Please check program(s) that you're interested in working

☐ T ball	☐ Street Hockey	☐ Song & Dance	☐ Badminton	☐ Day Camp	☐ Volleyball
☐ Tennis	☐ Tot Program	☐ Basketball	☐ Day Camp	☐ Art	
☐ Track	☐ Soccer	☐ 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? _____

_____