



Town of Aurora  
Department of Parks & Recreation

575 Oakwood Avenue  
East Aurora, New York 14052

Office (716) 652-8866  
Fax (716) 652-5646

recreation@townofaurora.com  
www.aurorarec.com

Thank you for your interest in working at the Community Pool this summer! If you would like to apply for a lifeguarding position or a water safety position, please follow the link below to complete the Community Pool Questionnaire as well as the application that can be found on the next 2 pages. The application can be emailed to [chris@townofaurora.com](mailto:chris@townofaurora.com) or mailed/dropped off at 575 Oakwood Avenue East Aurora, NY 14052. Please fill out the questionnaire and submit your application by 3/27/26.



If you have any questions, please do not hesitate to call us at 716-652-8866.



# 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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-employment 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:**