



TOWN OF CHEEKTOWAGA
DEPARTMENT OF YOUTH & RECREATIONAL SERVICES

SUMMER APPLICATION FOR PART-TIME AND SEASONAL EMPLOYMENT
 PLEASE NOTE: This application cannot be submitted electronically.

NAME: _____
 Last Name _____ First _____ Middle Initial _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____ ZIP CODE: _____

Are you under age 18? _____ If so, state your age _____

Do you have a Social Security # Yes/No _____ Do you have a work permit? _____

(PLEASE NOTE: IF ACCEPTED FOR EMPLOYMENT, you must have your social security number BEFORE you can be paid. If you are under the age of 18, you must have a Work Permit, which can be obtained through your High School.) Minors will not be able to work without a valid working permit

Date available for work? _____ E-mail Address: _____

Have you ever been employed by the Town of Cheektowaga, either on a part-time, seasonal or full-time basis (Yes or No) _____. If yes, please state department(s) and years(s)

Previous Employment: (list name of employer/address/job title)

Are you currently employed? _____ please list where, your supervisor's name and phone number.

If yes, how many hours per week do you work? _____ Will it conflict with a job we may offer to you? _____

Have you ever been convicted of a crime? Yes _____ NO _____ If yes, please give details _____

REFERENCES: (personal and/or professional-Please do not include family members)

Name	Address	Zip Code	Phone #
------	---------	----------	---------

1. _____
2. _____
3. _____

EDUCATION: _____ School: _____ Location: _____

High School _____ Graduation Year _____

College _____ Degree _____

Other: (Technical School, Special Training Course, i.e. First Aid, CPR, etc.) PLEASE ATTACH A COPY OF YOUR CERTIFICATION CARDS

Do you have a valid driver's license? _____

If yes, please list type of class and motorist I.D. # _____
 Please state whether you have any personal experience, training, special interests, hobbies, volunteer experience, or responsibilities which, in your judgment, particularly fits you for this specific employment: (ex. Audio/visual experience, babysitting, school sport teams, internships, computer skills, music abilities, etc.) The more you tell us about yourself, the better idea we'll have about how your talents/interests can best be utilized.

How many hours per week could you work (maximum 40)? _____

** PLEASE NOTE: High school students not meeting the minimum work/volunteer experience criteria will be limited to working 19 hours per week. All applicants will be subject to a background check.

FOR ALL POSITIONS - YOU WILL BE EXPECTED TO ATTEND STAFF TRAINING (date determined by supervisors). Additional training may be required, alternative dates and times to be announced. Will you require any days off from work for vacations, graduations, college orientation, etc. that you are aware of at this time? If yes please list them:

SOFTBALL COORDINATOR_____

Shifts vary-year round position-Resume Required

Position involves answering questions and calls regarding Softball, updating scores and standings, communicating schedule changes with teams.

LACROSSE_____

PLAYGROUND ROTATION TEAMS:_____

Shifts are Monday-Thursday 10:30-4:30 and Fridays 10:30-1:30. Some evening and weekend work may be required. If you are applying for a supervisor position, you must have a clean driving record. This position is for outgoing and self-motivated individuals who like to work with children. You will be traveling to several locations throughout the day to provide 90 minutes of activities to all children in attendance.

Training dates will be announced.

ROTATION SUPERVISOR_____ (resume required) ROTATION ATTENDANT_____

SUMMER DAY CAMP STAFF (Camp Alexander, Camp Dartwood, Teen Club)

(** RESUME REQUIRED) camp dates: July 6 -August 14, 2026-Must Be Able to Work the Entire 6 Weeks._____

This is a six week summer day camp program, working as a camp counselor supervising youth ages 4-12. There are opportunities to work with youth with special needs. Monday-Friday, varied schedules 7:30am-5:30pm_____

Day Camp Training Date - July 2, 2026

SOCER COACH_____

Weekday Evenings & Possible weekend mornings

Please list the sports you have experience Playing/Coaching_____

CONSERVATION CORPS_____

A summer work program dealing with construction and maintenance of nature trails, general landscaping and beautification projects, in addition to participation in environmental education sessions.

CREW SUPERVISORS _____ (**resume required)
(Supervises a crew of Youth Participants)

YOUTH PARTICIPANT_____
(16 to 18 years of age)

PROGRAM DIRECTOR_____
(Resume Required)

RECREATION ATTENDANT (Issuing Resident Town Cards-Must be at least 16 year old)_____
this position entails the employee verifying residency and taking photos, collecting money

POOL SUPERVISOR_____ HEAD LIFEGUARD_____
(**Resume required, must have valid Lifeguard Training/First Aid & CPR/AED for the Professional Rescuer)

*LIFEGUARD_____

Pool Preference: Town Park_____ Maryvale_____
Work Shift: Town Park 9:30am-3pm_____ 2:30pm-8pm_____

Dingens_____ Maryvale/Dingens 10:30am-6:30pm_____ (Times may be adjusted)

WEEKEND HOURS 12:00PM-6:00PM ALL POOLS

LIFEGUARD APPLICATIONS MUST PROVIDE A CURRENT COPY OF LIFEGUARD TRAINING/FIRST AID & CPR/AED
FOR PROFESSIONAL RESCUERS. CERTIFICATIONS MUST BE ATTACHED TO APPLICATION PRIOR TO HIRING.
A LETTER OF PROOF IS NO LONGER ACCEPTABLE.
*CPR/AED CERTIFICATION IS ONLY GOOD FOR ONE YEAR WHEN USED FOR LIFEGUARDING IN ERIE COUNTY.

*BATHHOUSE ATTENDANT_____

Pool Preference: Town Park_____ Maryvale_____
Work Shift: Town Park 9:30am-3pm_____ 2:30pm-8pm_____

Dingens_____ Maryvale/Dingens 10:30am-6:30pm_____ (Times may be adjusted)

WEEKEND HOURS 12:00PM-6:00PM ALL POOLS

*YOU WILL BE EXPECTED TO WORK ON WEEKENDS, HOLIDAYS AND EVENINGS.

**IF THE POSITION THAT YOU ARE APPLYING FOR REQUIRES A RESUME, PLEASE ATTACH IT TO THIS APPLICATION.

CERTIFICATION: I hereby acknowledge that all statements on this application are true, and authorize investigation of the same. Please be advised that I will not be able to work for the Town of Cheektowaga beyond_____

SIGNATURE_____ DATE_____
(Month and Date)

The best opportunities are available
to qualified applicants who apply prior to Friday, April 3rd, 2026.

RETURN TO:

Cheektowaga Youth & Recreational Services
275 Alexander Avenue
Cheektowaga, NY 14211

TOWN OF CHEEKTOWAGA YOUTH & RECREATIONAL SERVICES DEPARTMENT

AUTHORIZATION FOR CONDUCTING
CRIMINAL HISTORY AND SEX OFFENDER BACKGROUND CHECKS
FOR APPLICANTS SEEKING A JOB WITH THE TOWN OF CHEEKTOWAGA
YOUTH AND RECREATIONAL SERVICES DEPARTMENT

The Town of Cheektowaga has established a written policy that requires that the Youth and Recreational Services Department must conduct various background checks, including criminal history and Sex Offender Registry checks, on all applicants for all positions (full-time and part-time) in this department. Some of these checks are required by State law; others have been recommended by the State Comptroller's Office. All applicants are required to provide the following information and sign this authorization as part of the application for a job.

FULL (Proper) NAME _____

Also known as _____

Maiden Name _____

Other Names known by in the past 10 years _____

ADDRESS _____

If less than 5 years at the current address, please provide the previous address(es):

HOME PHONE _____ CELL PHONE _____

SSN _____ DATE OF BIRTH _____

DRIVER'S LICENSE NUMBER _____ ISSUING STATE _____

Do you authorize the Town of Cheektowaga to conduct background checks as follows?

- Criminal history background check
- U.S. Department of Justice Sex Offender Registry
- NYS Division of Criminal Justice Services Sex Offender Registry
- NYS Child Abuse and Maltreatment Registry

YES _____ NO _____

Do you authorize the Town of Cheektowaga to verify all of the information supplied on your application?

YES _____ NO _____

PRINT YOUR NAME _____

SIGN HERE (Parent/Guardian if applicant is under the age of 18)

DATE _____