



TOWN OF CHEEKTOWAGA DEPARTMENT OF YOUTH & RECREATIONAL SERVICES

SUMMER APPLICATION FOR PART-TIME AND SEASONAL EMPLOYMENT

***Must be a Cheektowaga resident. PLEASE NOTE: This application can be submitted electronically at this time.**

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.)

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 supervisors 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)

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? _____ Do you have experience in standard transmission? _____

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, baby-sitting, 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 18 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:

BASKETBALL _____

SOFTBALL OFFICE PERSONNEL _____

Shifts are typically between 2-6pm, 5-9p.m. and/or weekends from 9am-1pm

SOCCER INSTRUCTOR _____ (evenings & weekends)

Position involves answering questions and calls regarding Softball, updating scores and standings, communicating schedule changes with teams. Supervising daily Spring through Summer.

GYMNASTICS _____

PLAYGROUND ROTATION TEAMS: July 6th-August 14th -You must be available to work the entire 6 weeks.

Shifts are Monday thru Friday 9:30am-4:00pm. 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. There are two required training days. July 1st and July 2nd, times to TBA.

ROTATION SUPERVISOR _____ (resume required) ROTATION ATTENDANT _____

SUMMER DAY CAMP STAFF (Camp Alexander, Camp Dartwood)

(** RESUME REQUIRED) camp dates: July 6th -August 14th, 2020 -Must Be Able to Work the Entire 6 Weeks. _____

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, 8:15 a.m. - 4:00 p.m.

Summer Day Camp - After Camp Staff 3:15pm-5:15pm _____ Day Camp Training Date-July 2nd, 2020

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)

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 _____ Dingens _____
Work Shift: Town Park 9:30am-3pm _____ 2:30pm-8pm _____ Maryvale/Dingens 10:30am-6:30pm _____
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 PRESENTED 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 _____ Dingens _____
Work Shift: Town Park 9:30am-3pm _____ 2:30pm-8pm _____ Maryvale/Dingens 10:30am-6:30pm _____
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 3th, 2020.

RETURN TO:
PERSONNEL DEPARTMENT
Cheektowaga Town Hall
3301 Broadway
Cheektowaga, NY 14227

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 _____

ALL INFORMATION OBTAINED WILL BE KEPT CONFIDENTIAL