



**TOWN OF CHEEKTOWAGA  
DEPARTMENT OF YOUTH & RECREATIONAL SERVICES**



APPLICATION FOR PART-TIME AND SEASONAL EMPLOYMENT

**\*Must be a Cheektowaga resident**

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? YES/NO

(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? \_\_\_\_\_

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 39)? \_\_\_\_\_

Rink Guard (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Learn To Skate \_\_\_\_\_

Adapted Recreation Program \_\_\_\_\_  
(\*resume required)

Volleyball \_\_\_\_\_  
(Youth & Adult)

Basketball (youth) \_\_\_\_\_ (adult) \_\_\_\_\_

Soccer \_\_\_\_\_

Lifeguard (open swim & swimming lessons) \_\_\_\_\_

Gymnastics \_\_\_\_\_  
(Monday Night)

Early Childhood Programs: Certified Teacher \_\_\_\_\_  
Assistant \_\_\_\_\_  
(\*resume required\*\*)

Youth Programs \_\_\_\_\_  
(Various nights/weekends)

Friday night and weekend staff \_\_\_\_\_  
(Alexander Community Center)

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)

Return this application and resume (if required) to:  
Cheektowaga Youth & Recreational Services  
Alexander Community Center  
275 Alexander Avenue  
Cheektowaga, NY 14211