



**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: _____
(Number) (Street)

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 (evening) _____

Learn To Skate _____

Adapted Recreation Program _____
(Evenings & Saturdays)

Volleyball _____
(Youth & Adult)

Basketball (youth) _____

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

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