



## SUMMER APPLICATION FOR PART-TIME AND SEASONAL EMPLOYMENT

**\*Must be a Cheektowaga resident. PLEASE NOTE: This application cannot be submitted electronically.**

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 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:

BASKETBALL \_\_\_\_\_

SOFTBALL OFFICE PERSONNEL \_\_\_\_\_

Shifts are typically between 2-6pm, 5-9p.m.

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 \_\_\_\_\_ CHEER \_\_\_\_\_ LACROSSE \_\_\_\_\_

PLAYGROUND ROTATION TEAMS: \_\_\_\_\_

Shifts are Monday-Friday. 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 8 -August 16, 2024-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 3, 2024

SPORTS CLINIC COACH \_\_\_\_\_  
Mornings & Afternoons

SPORTS CLINIC DIRECTOR \_\_\_\_\_  
(RESUME REQUIRED)

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 the picture

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 \_\_\_\_\_ (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 \_\_\_\_\_ Dingens \_\_\_\_\_  
Work Shift: Town Park 9:30am-3pm \_\_\_\_\_ 2:30pm-8pm \_\_\_\_\_ Maryvale/Dingens 10:30am-6:30pm \_\_\_\_\_ (Times may be adjusted)  
WEEKEND HOURS 12:00PM-6:00PM ALL POOLS

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 5<sup>th</sup>, 2024.

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**