



**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)

Softball Coordinator _____
(**Softball Experience**)

Youth Programs _____
(Various nights/weekends)

Wee Three Teaching Assistant _____

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