

APPLICATION FOR SEASONAL EMPLOYMENT

INSTRUCTIONS FOR FILING: COMPLETE BOTH PAGES OF THIS APPLICATION AND RETURN TO:
DEPARTMENT OF HUMAN RESOURCES, RM 100, 148 MARTINE AVENUE, WHITE PLAINS, N.Y. 10601
 EARLY RETURN OF THIS APPLICATION IS SUGGESTED.

NAME LAST	FIRST	MIDDLE	SOCIAL SECURITY # / /
ADDRESS No.	STREET	CITY	STATE ZIP ()
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, age: _____ Minimum age for hire: 16		Are you a Westchester County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____

EDUCATION

HIGH SCHOOL	Name & Location	Course or Major	Degree
COLLEGE OR BUSINESS SCHOOL			
GRADUATE OR PROFESSIONAL SCHOOL			

Certificates or Special Training _____

EMPLOYMENT HISTORY (Up to last 5 years)

NAME & ADDRESS OF EMPLOYER	FROM MO./YR.	TO MO./YR.	KIND OF WORK OR POSITION	SALARY	REASON FOR LEAVING

Do you have any computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____	Can you Type? <input type="checkbox"/> Yes <input type="checkbox"/> No WPM _____	Can you operate any other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____
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In addition to English, are you fluent in any other language? Yes No
If yes, specify: _____

Have you worked for Westchester County government before? Yes No Which Department: _____
Reason for leaving: _____

- | | |
|------------------------------------|---|
| Check for job preferences | 5. LABORATORY WORK _____ |
| 1. PARKS/ POOLS/GOLF COURSES _____ | 6. OFFICE _____ |
| 2. PLAYLAND _____ | 7. PUBLIC SAFETY SEASONAL PARK RANGER _____ |
| 3. LIFEGUARD _____ | 8. PARK'S DEPT. PARK RANGER _____ |
| 4. LABORER, MAINTENANCE _____ | 9. ECOLOGY CAMP INSTRUCTOR _____ |

For Lifeguard Only Check Below: (Certification & Expiration Dates)

Lifeguard Training Old R-94 _____ New R-01 _____ EXPIRES _____ EXPIRES _____	First Aid _____ EXPIRES _____	CPR/PR _____ EXPIRES _____	Instructor _____ LGI _____ WSI _____ CPR/FA _____ EXPIRES _____	Water Front _____ ISSUE DATE _____	Head guard _____ ISSUE DATE _____
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EMPLOYMENT AS A LIFEGUARD IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF THE WESTCHESTER COUNTY DEPARTMENT OF PARKS, RECREATION AND CONSERVATION WATER TEST.

FOR ALL APPLICANTS: Dates available to work: From _____/_____/_____ To _____/_____/_____ <small style="display: block; text-align: center;">Month / Day Month / Day</small>	Will you have access to an automobile for work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Where did you hear about this program/job? _____

Comments: _____

1. WERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS? **YES** ___ **NO** ___
2. DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL? **YES** ___ **NO** ___
3. DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE US WHICH WAS OTHER THAN HONORABLE, OR WHICH WAS ISSUED FOR OTHER THAN HONORABLE CIRCUMSTANCES? **YES** ___ **NO** ___
4. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (FELONY, MISDEMEANOR OR VIOLATIONS INCLUDING TRAFFIC INFRACTIONS)? **YES** ___ **NO** ___
5. HAVE YOU EVER FORFEITED A BAIL BOND POSTED TO ANSWER ANY CRIMINAL CHARGE (FELONY, MISDEMEANOR OR VIOLATION, INCLUDING TRAFFIC INFRACTIONS)? **YES** ___ **NO** ___
6. ARE YOU NOW UNDER CHARGES FOR ANY CRIME (FELONY, MISDEMEANOR OR VIOLATION INCLUDING TRAFFIC INFRACTIONS)? **YES** ___ **NO** ___

IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE, YOU MUST GIVE SPECIFICS. ATTACH ADDITIONAL 8½ X 11 SHEET.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK.

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.) This application may be used for review by the prospective appointing authority as part of a background investigation.

**PURSUANT TO 20.45 OF THE NEW YORK STATE PENAL LAW, IT IS
A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO
KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

DATE: _____

APPLICANT'S SIGNATURE: _____

IF UNDER AGE 18, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED.

"I have read my child's/ward's completed application form and hereby give my permission for him/her to be hired by Westchester County for the purpose of Seasonal Employment and I further give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Westchester County Department of Human Resources, and upon receipt by the Department of Human Resources of said revocation my child's/ward's employment shall be terminated".

By my signature below, I hereby give my permission for _____ to submit to any and all forms of drug testing (such as urinalysis, breath, and or blood testing) as a condition of Seasonal Employment with Westchester County in accordance with Westchester County's Comprehensive Drug-Free Workplace Policy & Procedures.

DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____



ANDREW J. SPANO, County Executive

Paula Redd Zeman, Commissioner of Human Resources

The County of Westchester is an Equal Opportunity Employer.

Women and minorities are encouraged to apply.

FOR HR OFFICE USE: CRC EXMT _____ APPRD _____ DATE _____ INTLS _____ DSPRVD _____ DATE _____ INTLS _____