



# ORCHARD PARK RECREATION

4520 California Rd Orchard Park, New York 14127-2609  
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## Application for Employment

An Equal Opportunity Employer

Discrimination because of Race, Color, Religion, Sex, National Origin, Age, Disability, or Marital Status is prohibited by Law

Last Name	First Name	Middle Initial
Permanent Address		
Home Phone ( )	Cell Phone ( )	E-Mail Address
Other Address (ie. school)		
Date of Birth:	Social Security #:	If your records are listed under any other name, please list name:
Do you have a valid motor vehicle license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License #:	Vehicle Plate #:
Have you ever applied to work for the Town of Orchard Park? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give department and dates:		
Have you ever been employed by the Town of Orchard Park? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give department, title and dates:		
<u>Position Applying for:</u> 1 <sup>st</sup> Choice: 2 <sup>nd</sup> Choice: <u>Positions Available:</u> Camp Counselor Preschool Program Aquatics Swim Lesson Instructor Lifeguard Sports Instructor Art Programs	<u>Hope to work with:</u> (Please circle all that apply) Ages 2-5 Ages 6-10 Ages 11-13 Ages 14-16	<u>Availability</u> How many hours per week interested in: (Circle One) 5-10 hrs per week      10-15 hrs per week 15-20 hrs per week    20-40 hrs per week  Start Date:  End Date:  Exception Dates:

EDUCATION				
Name of School	Address	Dates Attended	Did you graduate?	Course of Study/Degree
High School:				
College:				

Current Certifications – please list	Expiration Dates – please list

## EMPLOYMENT RECORD

Record all Previous Employment, Beginning with Present or Most Recent Employment

Dates Employed <small>From: Mo/Yr To: Mo/Yr</small>	EMPLOYER	POSITION/TITLE	SALARY	REASON FOR LEAVING
	Name Street City Zip Code Phone #: ( )			
	Name Street City Zip Code Phone #: ( )			
	Name Street City Zip Code Phone #: ( )			

### REFERENCES

Please list 3 references below who are NOT related to you. If you are a student, one of your references should be a teacher or school counselor of your choice. Please note: References may be contacted.

NAME	ADDRESS	STATE	ZIP CODE	PHONE #	RELATIONSHIP

- Have you ever been convicted of any felony?  
Yes  No
- Are you willing to accept employment subject to our established rules and practices as now or hereafter in force?  
Yes  No
- Do you understand that employment is contingent upon you having required certifications?  
Yes  No
- Do you understand that employment is contingent on a background check, screening and reference check?  
Yes  No
- Do you understand that employment is contingent on your appointment by the Town Board?  
Yes  No

Before signing this application, review carefully the questions asked and the answers you have given. Be sure to read the following statement.

### STATEMENT OF ACCURACY:

I understand that, if I am employed, I will be subject to discharge regardless of length of employment, if it is determined by the company that any of the information I have given in this application is false or incorrect, or if I have failed to give any information herein requested.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_