



# ORCHARD PARK RECREATION EMPLOYMENT APPLICATION

4520 California Rd Orchard Park, New York 14127-2609

(716) 662-6450 E-Mail: [oprec@orchardparkny.gov](mailto:oprec@orchardparkny.gov) Website: [www.oprec.org](http://www.oprec.org)

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?<br><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<br>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<br>If yes, give department, title and dates:   |  |   |
| <b>Fall, Winter Spring Position(S) Applying for:</b><br>After School Counselor (3-15 hrs. per week)<br>Before School Counselor (3-15 hrs. per week)<br>Swim Lesson Instructor (3-15 hrs. per week)<br>Lifeguard (3-15 hrs. per week)<br>Sports Instructor (2-6 hrs. per week)<br>Art Programs (2-3 hrs. per week)<br>Preschool Programs (2-10 hrs. per week) | <b>Hope to work with:</b><br>(Please circle all that apply)<br>Ages 2-5<br>Ages 6-10<br>Ages 11-13<br>Ages 14-16<br><br>Start Date:<br><br>End Date:<br><br>Exception Dates: | <b>Summer Positions Applying For:</b><br>Day Camp (40 hrs. per week)<br>Adventure Camp (40 hrs. per week)<br>Mini Camp (18 hrs. per week)<br>Preschool Camp (18 hrs. per week)<br>Sports Camp (17 hrs. per week)<br>Performing Arts Camp (15 hrs. per week)<br>Alternate Counselor (3-40 hrs. per week)<br>Lifeguard (5-30 hrs. per week)<br>Swim Instructor (5-30 hrs. per week)<br>Sports Instructor (2-10 hrs. per week)<br>Tennis Instructor (2-10 hrs. per week) |

| 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<br>From: Mo/Yr To: Mo/Yr  | 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: \_\_\_\_/\_\_\_\_/\_\_\_\_