

**TOWN OF EVANS PARKS DEPARTMENT
EMPLOYMENT APPLICATION – LIFEGUARD POSITION**

DATE _____ DATE AVAILABLE _____

NAME _____
last first middle

ADDRESS _____
street city state zip

PHONE# _____ CELL# _____ SOCIAL SECURITY # _____

Are you under 18 or over 70 years of age?: Yes No
If yes OR if minimum or maximum age limits are established for the position applied for enter your date of birth _____
month day year

PHYSICAL LIMITATIONS IF ANY _____

IN CASE OF EMERGENCY PLEASE NOTIFY _____
RELATIONSHIP _____ PHONE NUMBER _____
ADDRESS _____

**EMPLOYMENT RECORD
(List last three employers)**

Employer _____ Address _____ Phone _____

From To Duties Reason for Leaving _____

Employer _____ Address _____ Phone _____

From To Duties Reason for Leaving _____

Employer _____ Address _____ Phone _____

From To Duties Reason for Leaving _____

Have you ever been discharged or asked to resign from any job? If yes explain _____

EDUCATION

HIGH SCHOOL _____ YEARS ATTENDED _____ DIPLOMA YES NO
COLLEGE _____ YEARS ATTENDED _____ DIPLOMA YES NO

CERTIFICATIONS:

Standard First Aid _____ Expiration Date _____

Lifeguard Training _____ Expiration Date _____

Waterfront Lifeguarding _____ Expiration Date _____

CPR for the Professional Rescuer _____ Expiration Date _____

Water Safety Instructor _____ Expiration Date _____

SPECIAL TRAINING(including special courses you have taken that might be useful in the position you are applying for beside the above certifications.)

Have you ever been convicted of a crime? Yes No If YES please explain _____

REFERENCES

(List three persons who can expect to be contacted)

NAME ADDRESS PHONE #

1. _____

2. _____

3. _____

If you are hired for the position of lifeguard please indicate below times and/or days that you anticipate not being available due to vacation, return to school, prior commitments, etc. This will eliminate time consuming schedule changes. Thank you! IT IS VERY IMPORTANT FOR US TO KNOW WHEN YOU RETURN TO SCHOOL – SO WE KNOW IF WE HAVE ENOUGH GUARDS THROUGH LABOR DAY!

COUNTY OF ERIE OFFICE OF PERSONNEL OFFICER
Application for Non-Competitive Examination for Appointment

APPROVED
DISAPPROVED
BY: DATE

EXACT TITLE OF POSITION:

Last Name, First, M.I., Street Address, City or Post Office, State, Zip Code, Phone (Include Area Code) Home, Business

SOCIAL SECURITY NUMBER
[][]-[][]-[][][][]

This application is part of your examination. Answer all questions fully in ink or typewriter

Table with columns: Type of School, Name of School and City in which located, Dates of Attendance (Month and Year), Day or Night, Full or Part Time, No. of Years Credited, Were You Graduated?, Type of Course or Major Subject, Number of College Credits Received, Type of Degree, Date Degree Rec'd or Expected

EXPERIENCE * Describe your employment experience that applies to the position you seek.

Table with columns: NAME AND ADDRESS OF EMPLOYER, DATES EMPLOYED (FROM, TO), SALARY PER MO., NO. HRS. PER WK., TITLE AND DUTIES OF POSITION

*Describe in greater detail on additional sheets any other pertinent experience which you have had

Are you under 18 or 70 years of age? YES [] NO []

If yes, or if minimum and/or maximum age limits are established for the position applied for, enter your date of birth here: Month Day Year

Are you a citizen of the United States? YES [] NO []

If you are not a citizen of the United States do you have the legal right to accept employment in the United States? YES [] NO [] (Non-citizens may be required to produce 1-151 or 1-551 Alien Registration Cards at time of appointment.)

State your actual permanent legal residence and indicate for how long you have resided there continually, up to and including the date of this application.

Table with columns: NAME, Yrs., Mos. Rows for School District, Village of, Town of, County of, State of

Are you a war veteran? (see reverse side for definition) YES [] NO []
Are you an exempt volunteer fireman? YES [] NO []

- Check appropriate box to the right of each question.
A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES [] NO []
B. Did you ever resign from any employment rather than face dismissal? YES [] NO []
C. Did you ever receive discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances? YES [] NO []
D. Have you ever been convicted of any crime (felony or misdemeanor)? YES [] NO []
E. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES [] NO []
F. Are you now under charges for any crime? YES [] NO []

If you answered "YES" to any of the Questions A-F, above, give specifics on a separate sheet.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

If a license is required for the position for which you are applying give the following:

Table with columns: TYPE OF LICENSE, NUMBER, DATE OF EXPIRATION, GRANTED BY

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant

Date

**NOMINATION FOR APPOINTMENT TO POSITION IN NON-COMPETITIVE CLASS
(TO BE COMPLETED BY APPOINTING OFFICER)**

(COUNTY DEPT., TOWN, VILLAGE, SCHOOL DISTRICT OR SPECIAL DISTRICT)

(DATE)

I hereby nominate _____ of _____
(NAME) (ADDRESS)

for the position of _____
(TITLE)

in this _____ under the provisions of Civil Service Rule IV. The salary of the position is
\$ _____ and it is desired to have the appointment take effect on _____
(DATE)

I hereby certify that after due inquiry I find the character, habits, and qualifications of the nominee are satisfactory and fit him for the complete discharge of the duties of the position.

APPOINTING OFFICER

TITLE

(If the employee nominated above is at present permanently employed in the Competitive Class, the employee must execute the following.)

In accepting appointment to the Non-competitive position of _____
I understand that I am forfeiting my rights as a Competitive employee and cannot compete in promotion examinations.

(SIGNATURE OF EMPLOYEE)

CRITERIA FOR DETERMINING ELIGIBILITY AS WAR VETERAN

You are a War Veteran only:

1. If you were a resident of New York State on the date of your initial entry into the Armed Forces of the United States, and
2. Are currently a resident of New York State, And
3. Served in the Armed Forces of the United States on a full-time active duty basis other than active duty for training purposes, during any of the following periods:
 - Dec. 7, 1941 to Sep. 2, 1945; Jun. 26, 1950 to Jan. 31, 1955; Jan. 1, 1963 to May 7, 1975;
 - U.S. Public Health Service: Jul. 29, 1945 to Sep. 2, 1945 or Jun. 26, 1950 to Jul. 3, 1952; or
 - A member of the National Guard activated during the U.S. Postal strike Mar. 23, 1970 to Mar. 30, 1970.