



## **2020 SUMMER EMPLOYMENT POSITIONS**



The Town of Yorktown directs a variety of programs, activities, facilities, and events that require additional staff. If you are interested in helping us manage a variety of recreation services and feel comfortable in a public setting, please fill out an application and return it to the Department of Recreation and Parks today.

**DEADLINE:** Applications accepted until positions are filled.

**PAY RATE:** VARIES

### **GATE ATTENDANT**

- Assigned to Junior Lake Pool and/or Brian J. Slavin Pool (Shrub Oak).
- Manage entrance to pool facility ensuring all patrons have valid passes.
- Responsible for recording gate receipts and monies generated from guest fees.
- Enforce rules pertaining to admission to facility.
- Applicants must be at least 16 years of age and have valid working papers.
- Shifts vary and are in 2.5 to 4-hour intervals.
- Pools are open from Memorial Day weekend to Labor Day weekend.
- Pools are open seven days a week so shifts vary and may include weekend hours.

### **SWIM AIDE**

- Assigned to aide Water Safety Instructor in water during swim lesson.
- Summer lessons scheduled Monday thru Friday mornings at Brian J. Slavin Pool (Shrub Oak).
- Lessons run for six straight weeks in the summer.
- Good introduction to water safety skills and pre-lifeguarding.
- Must be 15 years of age or older and have valid working papers.

### **PARK MAINTENANCE**

- Under the supervision of the Parks Foreman and Recreation Staff.
- General park, facility maintenance and landscaping.
- Preparation of ball fields.
- Cleaning of pool and park facilities as needed.
- Valid Driver's License required.
- Must be 18 years of age or older.

### **POOL MAINTENANCE**

- Under the supervision of the Parks Foreman and Recreation Staff.
- Assigned to Junior Lake Pool and/or Brian J. Slavin Pool (Shrub Oak).
- General pool and facility maintenance including cleaning.
- Landscaping around pool.
- Weekday and Weekend Shifts available at both pool facilities.
- Must be 18 years of age or older.



## TOWN OF YORKTOWN PARKS & RECREATION APPLICATION FOR SEASONAL EMPLOYMENT

<p>COMPLETE APPLICATION AND REFERENCES AND RETURN ALL DOCUMENTS TO:  <b>YORKTOWN PARKS &amp; RECREATION DEPARTMENT</b>  <b>176 GRANITE SPRINGS ROAD, YORKTOWN HEIGHTS, NY 10598</b></p>					
NAME LAST FIRST MIDDLE			SOCIAL SECURITY #		
ADDRESS CITY STATE ZIP			HOME # ( ) CELL # ( )		
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what age: _____ Minimum age for hire: 16		Are you a Town of Yorktown Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail address _____	
<b>EDUCATION</b>					
	Name & Location	Course/ Major	Type of degree	Dates attended From/To	Date degree received or expected
HIGH SCHOOL					
COLLEGE OR POST HIGH SCHOOL					
GRADUATE SCHOOL					
Certificates or Special Training _____					
<b>EMPLOYMENT HISTORY (Up to last 5 years)</b>					
NAME & ADDRESS OF EMPLOYER		FROM MO./YR.	TO MO./YR.	KIND OF WORK OR POSITION	REASON FOR LEAVING
Do you have any computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____			Can you operate any other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____		
In addition to English, are you fluent in any other language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____					
Have you worked for the Town of Yorktown before? <input type="checkbox"/> Yes <input type="checkbox"/> No Which Department: _____ Reason for leaving: _____					
Check job preference applying for:					
1. Day Camp: Director _____ Specialist _____ Counselor _____ CIT _____					
2. Lifeguard _____ (see below)					
3. Gate Attendant _____					
4. Swim Aide _____					
5. Park Maintenance _____					
6. Program Staff _____					
<b>For Lifeguard Only</b> Check Below: (Indicate certification & expiration dates)					
Lifeguard Training/ First Aid  <input type="checkbox"/>  EXPIRES _____	Lifeguarding/ First Aid  <input type="checkbox"/>  EXPIRES _____	CPR/AED for the Professional Rescuer  <input type="checkbox"/>  EXPIRES _____	Instructor Certifications LGI R. 06 <input type="checkbox"/> WSI R.06 <input type="checkbox"/> CPR/AED <input type="checkbox"/>  EXPIRES _____	Waterfront or Waterfront Lifeguarding  <input type="checkbox"/>  EXPIRES _____	Headguard or Lifeguard Management  <input type="checkbox"/>  ISSUE DATE _____
<p>ALL LIFEGUARD APPLICANTS MUST PARTICIPATE IN THE RECREATION DEPARTMENT WATER SKILLS TEST.          THE DATE WILL BE ANNOUNCED IN THE SPRING AND WILL TAKE PLACE AT ONE OF THE MIDDLE SCHOOL POOLS.</p>					
<b>FOR ALL APPLICANTS: Dates available to work</b> From _____ / _____ / _____ To _____ / _____ / _____ Month / Day Month / Day			<b>Do you have a Driver's License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____		

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 A CRIMINAL OFFENSE (MISDEMEANOR OR FELONY)? YES  NO   
(GIVE DETAILS)
- 5. HAVE YOU EVER FORFEITED A BAIL BOND POSTED TO ANSWER ANY CRIMINAL CHARGE? YES  NO   
(GIVE DETAILS)
- 6. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE(MISDEMEANOR OR FELONY)? YES  NO   
(GIVE DETAILS)

**IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE, YOU MUST PROVIDE AN EXPLANATION ON AN ATTACHED PIECE OF 8 1/2 X 11 PAPER.** 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(s) for which you are applying.

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

For employment: in accordance with the Town of Yorktown's comprehensive drug-free workplace policy & procedures, and commitment to maintain a safe, alcohol and drug-free work environment, you may be required to submit to urinalysis, breath and/or blood test.

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 the Town of Yorktown 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 Yorktown 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 urinalysis, breath, and/or blood test as a condition of Seasonal Employment with the Town of Yorktown in accordance with the Town of Yorktown's comprehensive drug-free workplace policy & procedures.

DATE: \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_



The Town of Yorktown is an Equal Opportunity Employer.

# Yorktown Parks & Recreation Department

176 Granite Springs Road, Yorktown Heights, NY 10598-3306

Personal reference for: \_\_\_\_\_

The above individual is applying for a \_\_\_\_\_ position with the Town of Yorktown Parks & Recreation Department. Your name has been listed as a reference. Please indicate your feelings regarding this individual in relation to his/her potential performance as a seasonal employee by completing the information below. All references will be kept confidential. Please return to the above address as soon as possible. Thank you for your assistance.

Sincerely,

*Kyle Thornton*

Assistant Superintendent

	NEEDS IMPROVEMENT	SATISFACTORY	SUPERIOR	NO OPINION
Ability to accept responsibility	_____	_____	_____	_____
Ability to work with others	_____	_____	_____	_____
Leadership	_____	_____	_____	_____
Ability to take initiative	_____	_____	_____	_____
Judgment	_____	_____	_____	_____
Trustworthiness	_____	_____	_____	_____
Ability to follow directive	_____	_____	_____	_____
Dependability	_____	_____	_____	_____

How long and in what capacity/relationship have you known the applicant? \_\_\_\_\_

Do you recommend this person for hire? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Additional comments: \_\_\_\_\_

NAME: \_\_\_\_\_ PRINT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

OFFICE USE ONLY:

Reference Check Completed: \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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Sincerely,

*Kyle Thornton*

Assistant Superintendent

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How long and in what capacity/relationship have you known the applicant? \_\_\_\_\_

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Additional comments: \_\_\_\_\_

NAME: \_\_\_\_\_ PRINT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

OFFICE USE ONLY:

Reference Check Completed: \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_