



**SEASONAL & PART-TIME EMPLOYMENT**  
**PLEASE PRINT!!**

FULL NAME:

\_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M

ADDRESS:

\_\_\_\_\_ # & STREET \_\_\_\_\_ CITY & STATE \_\_\_\_\_ ZIPCODE

PHONE # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

\_\_\_\_\_ Emergency Contact & Phone - Day

\_\_\_\_\_ Emergency Contact & Phone - Evening

ARE YOU CURRENTLY 18 OR OLDER? YES NO

IF NOT, WILL YOU BE 18 BETWEEN MAY 1<sup>ST</sup> & SEPTEMBER 30<sup>TH</sup> OF THIS YEAR? YES NO

DATE YOU CAN START WORK \_\_\_\_\_ LAST DAY YOU CAN WORK \_\_\_\_\_

OTHER OBLIGATIONS THAT MIGHT PREVENT YOU FROM WORKING:

\_\_\_\_\_ Please select the position for which you are applying:  
\*PARK DIRECTOR \_\_\_\_\_ LIFEGUARD \_\_\_\_\_  
\*PARK ATTENDANT \_\_\_\_\_ RECREATION LEADER (SUMMER FUN) \_\_\_\_\_  
\*BALLFIELD ATTENDANT \_\_\_\_\_ RECREATION SPECIALIST \_\_\_\_\_  
\*CAROUSEL CONCESSION \_\_\_\_\_ INSTRUCTOR (SPECIFY) \_\_\_\_\_  
POOL MAINTENANCE \_\_\_\_\_ POOL CASHIER \_\_\_\_\_  
OTHER \_\_\_\_\_

**\*YOU MUST BE 18 YEARS OR OLDER TO APPLY FOR A PARKS POSITION.  
DIRECTORS & ATTENDANTS NEED A VALID DRIVER'S LICENSE.**

**DEPARTMENT USE ONLY !!!**

\_\_\_\_\_ DEPARTMENT \_\_\_\_\_ START DATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_ TITLE \_\_\_\_\_ HOURLY RATE \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

\_\_\_\_\_ WITHHOLDING \_\_\_\_\_ WORKING PAPERS \_\_\_\_\_ NEWHIRE INFO SENT \_\_\_\_\_

\_\_\_\_\_ RETIREMENT NUMBER \_\_\_\_\_ EEO \_\_\_\_\_ I-9 FILED \_\_\_\_\_

ID EXPIRE DATE: \_\_\_\_\_ NO ID NEEDED:

ID GIVEN TO EMPLOYEE: \_\_\_\_\_ LINE ITEM \_\_\_\_\_  
DATE

The Town Board has approved the following policy for hiring seasonal employees to be effective January 1, 1990:

1. Seasonal employees will be hired according to the following priority:
  - A. Town of Union Resident (includes Villages)
  - B. Previous seasonal employment with the Town
  - C. College Student
  - D. High School Student
2. There shall be no more than 2 seasonal employees hired from any family.
3. There shall be only one seasonal employee hired from each family where a Family member is already employed full time or part-time by the Town.
4. In order to assure that the policy is carried out, all proposed seasonal employees Will have to be approved by the Commissioner of Public Works before hiring.

TOWN OF UNION PARKS & RECREATION DEPARTMENT  
GENERAL RULES FOR SEASONAL EMPLOYEES

1. Prior employment with the Parks & Recreation Department does not guarantee an applicant a job. **You must reapply every year.** Employment decisions for past employees will be based on previous performance evaluations, scheduling needs and budget considerations.
2. The ending date you list on your application is important. The department determines personnel levels based on the length of time employees can work during the season. The department expects that you will **commit to the dates you have listed.** Employees who leave prior to the date listed may not be considered for future employment despite quality performance level.
3. **Seasonal employees MAY NOT take vacations.** We hire seasonal employees to work during our busy season – THE SUMMER. Our schedule, therefore, cannot accommodate seasonal employee vacations.
4. Work schedules will be developed by your supervisor. Applicants must understand that **weekend and evening work is often required** and that **your schedule may change** to accommodate staffing needs. Employees may be allowed to switch scheduled work days with another employee provided the switch is approved by their supervisor. Remember that YOU are still responsible for YOUR work schedule. The department understands that employees may have other jobs; however, job scheduling cannot be based on employees' other job commitments – only department needs. Schedules can be changed only with approval of your supervisor.
5. **Proper dress is required** for all seasonal employees. You will be required to purchase two (2) shirts at a cost of \$10.00. Parks and Recreation shirts **MUST** be worn at all times when on duty. Employees not in uniform will be sent home. The Town will not pay the employee the time taken to change clothing. Lost or stolen shirts must be replaced by the employee. Specific uniform requirements are listed below.

PARK DIRECTORS/PARK, POOL and BALLFIELD ATTENDANTS

Long pants must be worn at the appropriate times depending on job responsibilities. Shorts may be worn but must meet acceptable standards. Steel-toed safety boots must be worn at all times. The purchase of safety boots is the responsibility of the employee. West Endicott Park Directors are exempt from the shoe requirement.

CAROUSEL OPERATORS

Closed toed shoes must be worn. Capri pants and acceptable shorts may be worn. Flip flops are not allowed.

LIFEGUARDS

Suits provided by the Town **MUST BE WORN AT ALL TIMES – NO SUBSTITUTES.**

SEASONAL EMPLOYMENT APPLICATION

Are you currently enrolled in school? Yes  No

Will you be attending school next fall? Yes  No

If Yes, where? \_\_\_\_\_

Have you read the general rules for seasonal employees above? Yes  No

If Yes, do you understand these rules? Yes  No

If hired, do you agree to adhere to these rules? Yes  No

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

# BROOME COUNTY GOVERNMENT EMPLOYEES

# Application *for employment*

Broome County Department of Personnel  
P.O. Box 1766  
Binghamton, NY 13902  
[www.gobroomecounty.com](http://www.gobroomecounty.com)

Action Taken \_\_\_\_\_  
Referred to \_\_\_\_\_  
Date \_\_\_\_\_

Title of Position Applying For

Full - Time    Part - Time Temporary    Summer

No persons shall be denied equal protection of the laws of this County, State, Nation or any subdivision thereof. No person shall, because of race, color, creed, religion, age, sex, national origin or sponsor, be subjected to any discrimination in his civil rights by any person, department or any institutional, agency or subdivision of Broome County. The NYS Human Rights Law prohibits discrimination because of age. Broome County Government does not discriminate on the basis of physical or mental disability and will make reasonable accommodations for individuals with disabilities during application, examination, interviewing and employment.

## BROOME COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications.

DIRECTIONS: Please print using black ink or type. Answer all questions, write "No" or "None" where applicable.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Town \_\_\_\_\_

COUNTY \_\_\_\_\_ SCHOOL DISTRICT \_\_\_\_\_

2. MAILING ADDRESS: \_\_\_\_\_  
(if different from above) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. EMAIL ADDRESS: \_\_\_\_\_

4. PHONE NUMBER: \_\_\_\_\_  
Home \_\_\_\_\_ Business \_\_\_\_\_ Cell/Pager \_\_\_\_\_

(Please notify immediately of any changes.)

EDUCATION: Select last grade completed   **6** ○   **7** ○   **8** ○   **9** ○   **10** ○   **11** ○   **12** ○   **13** ○   **14** ○   **15** ○   **16** ○   **17** ○   **18** ○

	Name and School Location	Graduated?	Type of Degrees	No. of credits completed
High School last attended	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Colleges or Universities	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

**EMPLOYMENT EXPERIENCE**

List all permanent employment since High School. List any summer, part-time, temporary employment which includes experience that tends to qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position.

1. COMPANY NAME <input type="text"/>	
TYPE OF BUSINESS <input type="text"/>	DUTIES <input type="text"/>
ADDRESS <input type="text"/>	
CITY AND STATE <input type="text"/>	
YOUR POSITION TITLE <input type="text"/>	
SUPERVISOR'S NAME <input type="text"/>	
SUPERVISOR'S TITLE <input type="text"/>	
LENGTH OF EMPLOYMENT Mo. / Yr.      Mo. / Yr. From _____ To _____	
EARNINGS (Choose One) _____ <input type="radio"/> WK <input type="radio"/> MO <input type="radio"/> YR	
Hours worked per week (exclusive of overtime) <input type="text"/>	
REASON FOR LEAVING (EXPLAIN FULLY) <input type="text"/>	

2. COMPANY NAME <input type="text"/>	
TYPE OF BUSINESS <input type="text"/>	DUTIES <input type="text"/>
ADDRESS <input type="text"/>	
CITY AND STATE <input type="text"/>	
YOUR POSITION TITLE <input type="text"/>	
SUPERVISOR'S NAME <input type="text"/>	
SUPERVISOR'S TITLE <input type="text"/>	
LENGTH OF EMPLOYMENT Mo. / Yr.      Mo. / Yr. From _____ To _____	
EARNINGS (Choose One) _____ <input type="radio"/> WK <input type="radio"/> MO <input type="radio"/> YR	
Hours worked per week (exclusive of overtime) <input type="text"/>	
REASON FOR LEAVING (EXPLAIN FULLY) <input type="text"/>	

3. COMPANY NAME

[Empty text box for company name]

TYPE OF BUSINESS

[Empty text box for type of business]

DUTIES

[Large empty text box for duties]

ADDRESS

[Empty text box for address]

CITY AND STATE

[Empty text box for city and state]

YOUR POSITION TITLE

[Empty text box for position title]

SUPERVISOR'S NAME

[Empty text box for supervisor's name]

SUPERVISOR'S TITLE

[Empty text box for supervisor's title]

LENGTH OF EMPLOYMENT

Mo. / Yr. Mo. / Yr.

From \_\_\_\_\_ To \_\_\_\_\_

EARNINGS (Choose One)

WK  MO  YR

Hours worked per week (exclusive of overtime)

[Empty text box for hours worked per week]

REASON FOR LEAVING (EXPLAIN FULLY)

[Empty text box for reason for leaving]

4. COMPANY NAME

[Empty text box for company name]

TYPE OF BUSINESS

[Empty text box for type of business]

DUTIES

[Large empty text box for duties]

ADDRESS

[Empty text box for address]

CITY AND STATE

[Empty text box for city and state]

YOUR POSITION TITLE

[Empty text box for position title]

SUPERVISOR'S NAME

[Empty text box for supervisor's name]

SUPERVISOR'S TITLE

[Empty text box for supervisor's title]

LENGTH OF EMPLOYMENT

Mo. / Yr. Mo. / Yr.

From \_\_\_\_\_ To \_\_\_\_\_

EARNINGS (Choose One)

WK  MO  YR

Hours worked per week (exclusive of overtime)

[Empty text box for hours worked per week]

REASON FOR LEAVING (EXPLAIN FULLY)

[Empty text box for reason for leaving]

PERSONAL DATA

Do you have the legal right to accept employment in the United States?  Yes  No

(Non-citizens will be required to produce 1-151 or 1-551 alien registration cards at time of appointment)

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If yes please give particulars and disposition of each charge on a separate sheet and attach same.

If a motor vehicle license is required for the position for which you are applying, please indicate the license you presently possess:

Class **A**  **B**  **C**  **D**  **E**  (select one) **Designate type of commercial license**

**Date of Expiration**

If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please indicate the following:

Trade or Profession <input type="text"/>	License Number <input type="text"/>	Date License First Issued <input type="text"/>	Registration Mo. / Yr. From <input type="text"/> To <input type="text"/> Mo. / Yr.	If you are not currently licensed check this box: <input type="checkbox"/>
Specialty <input type="text"/>	Granted by (licensing agency) <input type="text"/>	City/State <input type="text"/>		

For reference purposes do you have any objections to our contacting present or past employers?  Yes  No

If yes, Comment

Did you qualify as an Exempt Volunteer Fireman as set forth by the criteria in section 200 of the General Municipal Law?  Yes  No

Did you serve in the armed forces of the United States?  Yes  No  
Branch  Dates

Did you receive a discharge which was honorable or were you released under honorable circumstances?  Yes  No

What made you aware of this vacancy or Broome County employment opportunities?

- Personal Reference  TV  Radio  Newspaper  
 Bulletin Board  In Personnel Office  Other

**DECLARATION** I agree, if employed, to abide by all the rules and regulations relative to my position. I agree to undergo a physical examination, if required, and authorize the examining physician to render to the Department of Personnel the results of the examination. I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief, are true and correct. I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print any other surnames (last names) by which you are or have been known. \_\_\_\_\_

The Immigration Reform and Control Act of 1986, requires that all individuals must provide acceptable documentation that proves identity and employment eligibility. A listing of acceptable documents can be obtained from the Department of Personnel. Failure to provide this documentation will affect your chances for employment with Broome County.