

Background Check:Cleared:	
Drug Testing:Cleared:	

SEASONAL & PART-TIME EMPLOYMENT PLEASE PRINT!!

LL NAME:		
LAST	FIRST	M
DRESS:		
# & STREET	CITY & STATE	ZIPCODE
PHONE #	SOCIAL SECURITY #	
Emergency Contact & Phone – Day	Emergency Co	ntact & Phone – Evening
IF NOT, WILL YOU BE 17 BETWEED DATE YOU CAN START WORK		FTHIS YEAR? YES NO
*PARK DIRECTOR *PARK ATTENDANT *BALLFIELD ATTENDANT *CAROUSEL CONCESSION POOL MAINTENANCE OTHER *YOU MUST BE 17 YEARS	RECREATION LEADER (S RECREATION SPECIALIS INSTRUCTOR (SPECIFY)	SWIMSUIT SIZESUMMER FUN)T RKS POSITION.
DEPARTMENT USE ONLY !!!	☐ SEASONAL	PART-TIME
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: T-SHIRT \$		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	ol?	Yes 🗌	No 🗌	
Will you be attending school next f	all?	Yes 🗌	No 🗌	
If Yes, where?				-
Have you read the general rules for	or seasonal employees above?	? Yes [No 🗌
If Yes, do you understand	these rules?	Yes [No 🗌
If hired, do you agree to ac	dhere to these rules?	Yes [No 🗌
NAME	DATE	9101	NATURE	
I ALZIAI 🗁	DAIL	3101	AVIOUE	

BROOME COUNTY GOVERNMENT EMPLOYMENT APPLICATION



Department of Personnel

	Broome County Office 60 Hawley Street, PO Box 176 www.gobroomecoun	66, Binghamto	n, NY 1390	2				
1 Title of	Position Applying For	□ Fι □ Te	ıll - Time □ emporary □		DO NOT W	RITE II	N THIS SF	PACE
No person shall, be in his cir Broome County accommod	s shall be denied equal protection of ecause of race, color, creed, religionary vil rights by any person, departmen The NYS Human Rights Government does not discriminate lations for individuals with disabilities BROOME COUNTY IS	on, age, sex, nant or any institution any institution. Law prohibits of eon the basis of es during applications. AN EQUAL O	tional origin tional, agend discriminatio of physical o cation, exam	or sponsor, cy or subdivison because or mental disanination, inter	be subjected to sion of Broome fage. ability and will re rviewing and e	o any e Cou make mplo	discrim inty. reasona yment.	able
DIRECTION	S: Please print using black ink or	type. Answer a	Il questions.	Write "No" o	or "None" whe	re ap	plicable	
2. NAME Last	First	Middle	3. SOC	. SEC. NUM	BER			
4. LEGAL ADDRES	Street				(County		
City		Stat	e		2	Zip		
5. MAILING ADDRI	ESS ve) Street			City			State /	Zip
6. EMAIL			7.	CELL (_)			
8. HOME PHONE ()		9. WORK P	PHONE (_)			
	(Please noti	fy immediately	of any chan	iges.)				
10. EDUCATION: C	Circle last grade completed - 6	7 8 9	10 11	12 13	14 15	16	17	18
	Name and School Lo	cation	Graduated Yes or No	? Тур	e of Degrees		No. of comp	credits leted
High School last attended								
Colleges or								
Universities								
Other								
FOR DEPARTME	NT USE ONLY							
☐ Approved ☐	Disapproved Reviewer's Initial	ls						

FOR DEPARTI	MENT USE ONLY	
☐ Approved	☐ Disapproved	Reviewer's Initials
Comments:		

^			
A. Company Name			
Type of Business			
Address			
Your Position Title			
Supervisor's Name			
and Title			
Employed From (date)		To (date)	
Salary - Starting	Final	Hours/	Week
Describe your duties and responsibiliti	es in detail		
Reason for leaving (Please explain full	iv.)		
Reason for leaving (Please explain full			
В.			
B . Company Name			
B. Company Name Type of Business			
B. Company Name Type of Business Address			
B. Company Name Type of Business Address Your Position Title Supervisor's Name			
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B. Company Name Type of Business Address Your Position Title Supervisor's Name		To (date)	
B. Company Name Type of Business Address Your Position Title Supervisor's Name and Title Employed From (date) Salary - Starting	Final	To (date) Hours/	Week
B. Company Name Type of Business Address Your Position Title Supervisor's Name and Title Employed From (date)	Final	To (date) Hours/	Week
B. Company Name Type of Business Address Your Position Title Supervisor's Name and Title Employed From (date) Salary - Starting	Final	To (date) Hours/	Week
B. Company Name Type of Business Address Your Position Title Supervisor's Name and Title Employed From (date) Salary - Starting	Final	To (date) Hours/	Week

C. Company Name		
Type of Business		
Address		
Your Position Title		
Supervisor's Name		
and Title		
Employed From (date)		To (date)
Salary - Starting	Final	Hours/Week
Describe your duties and responsibilities in detail_		
-		
Reason for leaving (Please explain fully.)		
D. Company Name		
Company Name		
Company Name Type of Business		
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19.	Bran . Did you r . What ma	ch eceive de you	a disch	arge wh	ich was	s hono	rable or were y	ou released ur	nder honora	able circumstances	? 🗆 Yes	 □ No
19.	Bran . Did you r	ch eceive	a disch	arge wh	ich was	s hono	rable or were y	ou released ur	nder honora	able circumstances		
	Bran	ch										
18.	,							Dates				
											_	_
17.	. Did you c	ualify a	as an E	xempt V	oluntee	r Firer	man as set fort	n by the criteria	a in section	200 of the General	Municipal Yes	Law?
	If yes, co	mment	:									
16.	. For refere	ence pı	urposes	do you	have a	ny obj	ections to our o	contacting pres	ent or past	employers?	☐ Yes	□ No
										To		
15.	are apply	ring, ple	ease inc	licate th	e follow	/ing:				ent for the position f	or which yo	u
										month		
	Class	Α	В	С	D	E	(circle one)			nercial license:		
14.	. If a moto	rvehicl	e licens	e is req	uired fo	r the p	oosition, please	indicate the lic	cense you p	presently possess:		
	•						anor or felony? of each charg		e sheet and	l attach same.	☐ Yes	□No
13.			ll be rec	_	•		ment in the Un 51 or 1-551 alie		cards at tim	ne of appointment).	☐ Yes	□No
	(Non-citiz		e legal ri	ight to a								

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.