



Background Check:	_____
Cleared:	_____
Drug Testing:	_____
Cleared:	_____

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 17 OR OLDER? YES NO
IF NOT, WILL YOU BE 17 BETWEEN MAY 1ST & SEPTEMBER 30TH 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 _____	SWIMSUIT SIZE _____
*PARK ATTENDANT _____	RECREATION LEADER (SUMMER FUN) _____	
*BALLFIELD ATTENDANT _____	RECREATION SPECIALIST _____	
*CAROUSEL CONCESSION _____	INSTRUCTOR (SPECIFY) _____	
POOL MAINTENANCE _____	POOL CASHIER _____	
OTHER _____		

*YOU MUST BE 17 YEARS OR OLDER TO APPLY FOR A PARKS POSITION.
DIRECTORS & ATTENDANTS NEED A VALID DRIVER'S LICENSE.

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: _____ ID GIVEN TO EMPLOYEE: _____

DATE

NO ID NEEDED: T-SHIRT \$ _____ LINE ITEM _____

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 EMPLOYMENT APPLICATION



Department of Personnel

Broome County Office Building, 3rd Floor
60 Hawley Street, PO Box 1766, Binghamton, NY 13902
www.gobroomecounty.com/personnel



1. _____ Full - Time Part - Time
Title of Position Applying For 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.

2. **NAME** _____ 3. **SOC. SEC. NUMBER** _____
Last First Middle

4. **LEGAL ADDRESS** _____
Street County

City State Zip

5. **MAILING ADDRESS** _____
(If different from above) Street City State / Zip

6. **EMAIL** _____ 7. **CELL** (____) _____

8. **HOME PHONE** (____) _____ 9. **WORK PHONE** (____) _____

(Please notify immediately of any changes.)

10. **EDUCATION:** Circle last grade completed - 6 7 8 9 10 11 12 13 14 15 16 17 18

	Name and School Location	Graduated? Yes or No	Type of Degrees	No. of credits completed
High School last attended				
Colleges or Universities				
Other				

FOR DEPARTMENT USE ONLY

Approved Disapproved Reviewer's Initials _____

Comments: _____

11. EMPLOYMENT EXPERIENCE - List all permanent employment since high school. List any summer, part-time, temporary employment, which includes experience that may qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position.

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 responsibilities in detail _____

Reason for leaving (Please explain fully.) _____

B.

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.) _____

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 _____

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.) _____
