## Town of Amherst Youth & Recreation Department 1615 Amherst Manor Dr. Williamsville, NY 14221

Part-Time/ Seasonal Employment Application
The New York State Law against discrimination prohibits discrimination because of age, sex, race, disability, marital status, religion or creed, color, ethnicity, or veteran status

PERSONAL INFORMAT		Date				
Name_						
Last	Fir	st		M	.I.	
Present Address						
NO. Street			City	State	Zi	
How many years have you live	d at this address?	Home	Telephone	No. ( )		
E-mail Address		Cell l	Phone No. (	)		
Job(s) Applied For:			`	,		
LL/SPRING			SUMMER			
1. Afterschool Programs	7. Toddler/Prescl	hool	11. Cler	ical		
2. Afterschool Gym		8. Programs for individuals		12. Golf Course/Jr. Golf		
3. Clerical	with Disabilities			13. Lifeguard		
4. Guest Service	9 .Rink Guard			4. Maintenance		
5. Lifeguard	10. Tennis		15. Play			
6. Maintenance			16. Spor			
			17. Sum 18. Tenr	mer Camp Progra	ım	
Please Select Your First Thre	CI · 1	•	2			
If hired, on what date will your For summer positions, last de T-Shirt Size:	ay available for emp					
List any current certification  Type of Certification	•	te of Expira	tion	Gr	anted B	
	Dut					
Have you ever been convicted  □ No □ Yes If Yes, please	describe in full					
Are you at least 18 years of ago			ot, state your	age		
Are you a United States Citizen						
Person to be notified in case						
Name		Phoi	ne Number (	)		
Address						
NO. Street			7	State 2	7in	

## EDUCATIONAL BACKGROUND:

NAME OF HIGH SCHOOL:					
NUMBER OF YEARS ATTENDE COURSE OR MAJOR:			GRADUATED?	YES	NO
NAME OF COLLEGE:  NUMBER OF YEARS ATTENDED  COLUMN OF MALOR:		GRADUATED?	YES	NO	
COURSE OR MAJOR:					
ADDITIONAL EDUCATION:			CD 1 DIVINEDO		
NUMBER OF YEARS ATTENDED COURSE OR MAJOR:			GRADUATED?	YES	NO
WORK HISTORY:			-		
		Supervisor's Name and Title	Reason for Leaving	Job Title and Description of Duties	
May we contact the employers list If not, indicate which one(s) you d					
ii not, indicate which one(s) you d	io not wish	i us to contact			
Use the space below to describe yo the most appropriate position for y				ich would enable	us to find
					<del></del>
					<del></del>
DEDGONAL DEFEDENCES					
PERSONAL REFERENCES: NAME AND OCCUPATION		AI	DDRESS	PHONE NUMBER	
1)					
2)					
3)					
	PLEA	ASE READ CARE	FULLY		
APPLICA	ANTS CI	ERTIFICATION A	AND AGREEME	NT	
I hereby certify that the f of my knowledge. I understand sufficient cause for dismissal. Y	that if em	ployed, falsified stat			
through any investigative agencies		reby authorized to r			

Maiden Name or any other name by which you have been known