

Office Use Only:
Position Offered: _____
Accept ___ Decline ___
BG ___ SO ___
DS ___ PHY ___

CITY OF TONAWANDA

APPLICATION FOR SEASONAL EMPLOYMENT

(Residency Required)

MUST BE 16 YEARS OLD BY **JUNE 1st** FOR CONSIDERATION FOR MOST POSITIONS.
WILL CONSIDER 15 YEAR OLDS FOR STUDENT WORKER POSITIONS.
MANY POSITIONS REQUIRE YOU TO BE AT LEAST 18 YEARS OLD.

ANYONE INTERESTED IN A SEASONAL LABORER POSITION AND AVAILABLE FULL-TIME BY APRIL 15TH SHOULD RETURN APPLICATION TO THE CIVIL SERVICE OFFICE BY **APRIL 1ST**.

ALL FORMS MUST BE COMPLETED IN THEIR ENTIRETY TO BE CONSIDERED FOR EMPLOYMENT.

SEE BACK OF THIS PAGE FOR ADDITIONAL INFORMATION.

PLEASE PRINT OR TYPE

NAME _____ AGE _____ DOB ____/____/____
FIRST MIDDLE LAST

ADDRESS _____ TELEPHONE (Cell) _____

SOCIAL SECURITY NO. _____ - _____ - _____ TELEPHONE (Alternate) _____

CIRCLE ONE: MALE FEMALE PRESENT GRADE/SCHOOL _____

DO YOU HAVE A VALID NYS DRIVERS LICENSE? _____ DRIVERS LICENSE NO. _____

SEASONAL POSITIONS (IF QUALIFIED)

- 1. Life Guard
- 2. Pool/Playground Attendant
- 3. Summer Camp Counselor
- 4. Tennis/Track Instructor, Umpire
- 5. Seasonal Laborer
- 6. Park Attendant at Vets & Eastern Park/Dock Attendant at Gateway Park
- 7. Student Worker (assigned to either Mullen, Riverview, Fletcher or MS/HS)
- 8. Groundsworker

POSITION(S) APPLYING FOR: _____

DESIRED DEPARTMENT: PARKS/REC _____ DPW/SIGNAL _____ SCHOOLS _____

WILL YOU BE ATTENDING SUMMER/NIGHT SCHOOL (INCLUDING DRIVERS ED.) _____ YES _____ NO

IF YES, EXPECTED DATES & TIMES _____

REFERENCES: (Other than relatives or City Officials)

NAME _____ TELEPHONE NO. _____

NAME _____ TELEPHONE NO. _____

HAVE YOU WORKED FOR ANY CITY DEPARTMENTS/SCHOOL PREVIOUSLY? _____ YES _____ NO

IF YES, WHICH ONE? _____ JOB TITLE _____ YEARS _____

VACATION, CAMPS, FALL ATHLETIC PRACTICES, OR OTHER DATES THAT YOU WILL BE UNAVAILABLE:

EARLIEST FULL-TIME STARTING DATE _____ LAST AVAILABLE WORKING DATE _____

CREDENTIALS: (ATTACH COPIES OF CERTIFICATIONS)

<u>COURSE</u>	<u>EVER TAKEN?</u>	<u>CARD EXPIRATION</u>
Life Guard	_____	_____
Head Life Guard	_____	_____
Water Safety Instructor	_____	_____
Other Water Courses	_____	_____
First Aid (Indicate what course)	_____	_____
CPR (Indicate what course)	_____	_____
ASA Umpire Class	_____	_____
Other Certifications	_____	_____

HAVE YOU COMPLETED THE HEPATITIS B SHOT SERIES? YES_____ NO_____ STARTED_____

List all extra-curricular activities, hobbies, experiences or special interests:

CONDITIONS SUBJECT TO FINAL HIRING FOR CITY POSITIONS:

YOU WILL BE REQUIRED TO GET A PRE-EMPLOYMENT DRUG SCREEN AT A FACILITY SELECTED BY THE CITY AT YOUR OWN EXPENSE (\$35). You will then be subject to random drug testing at the City's expense. Refusal to submit to random testing or a failed test will result in immediate termination.

Most employees are required to have basic first-aid and CPR. The courses will be offered to you at a minimal cost.

Training sessions are MANDATORY.

All lifeguards and attendants with a Life Guard certification will be required to pass a pre-employment skills and fitness test. Fitness training and in-services will be on-going throughout the summer.

All employees must be available to work required hours. Time-off, in particular for pool, playgrounds, park attendants and dock attendant positions, will be limited, if possible at all, due to the limited season.

Authorization and Consent

(Must be completed to be considered for employment)

I, _____ authorize the City of Tonawanda Police
Please print name

Department, to conduct whatever interviews and/or background investigations deemed necessary in their attempt to ascertain suitability and fitness of my character for a permanent or seasonal position with the City of Tonawanda and Tonawanda School District. I give this authorization and consent voluntarily. (Form must be signed in front of Notary

Public or Commissioner of Deeds. This can be accomplished in the Civil Service Office at City Hall.)

Date: _____

Signature of Applicant: _____

Parent Signature: _____

(Required if applicant is under 18 years of age)

Sworn to me before this _____ day of _____, 20_____

Signature of Notary Public or Commissioner of Deeds

Please provide a copy of your driver's license.

Any false statement, material error, or significant omission may be sufficient grounds for removal of the candidate from further consideration for employment.

See back for additional form

WAIVER

In your own handwriting, copy the following paragraph in the space provided. Then sign the form in the appropriate place, having your signature witnessed by a **NOTARY PUBLIC OR COMMISSIONER OF DEEDS.** This can be accomplished in the Civil Service Office at City Hall. Your signature affixed in the indicated location is an endorsement of your agreement with the contents of your handwritten paragraph.

“I, _____, HEREBY WAIVE ANY AND ALL RIGHTS THAT I MAY HAVE UNDER THE LAWS OF THE UNITED STATES AND THE LAWS OF THE STATE OF NEW YORK CONCERNING ACCESS TO DOCUMENTS (sealed or unsealed) AND INFORMATION DEVELOPED AND OBTAINED BY MEMBERS OF THE CITY OF TONAWANDA POLICE DEPARTMENT IN THEIR INVESTIGATION OF MY SUITABILITY AND FITNESS OF CHARACTER FOR A PERMANENT OR SEASONAL POSITION WITH THE CITY OF TONAWANDA AND TONAWANDA SCHOOL DISTRICT. THIS WAIVER INCLUDES, BUT IS NOT LIMITED TO, ANY INFORMATION OR WRITTEN STATEMENTS OF ANY PERSON INTERVIEWED BY THE CITY OF TONAWANDA POLICE DEPARTMENT CONCERNING THEIR OPINIONS OF MY CHARACTER AND FITNESS FOR THE ABOVE MENTIONED POSITION.”

Date: _____ Applicant's Signature: _____

Sworn to me before this _____ day of _____, 20_____

Signature of Notary Public or Commissioner of Deeds