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

POSITION(S) APPLYING FOR:____________________________________

DESIRMED 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____________

Office Use Only:
Position
Offered:________________
Accept ___ Decline ___
BG ___ SO ___
DS ___ PHY ___
**CREDENTIALS: (ATTACH COPIES OF CERTIFICATIONS)**

<table>
<thead>
<tr>
<th>COURSE</th>
<th>EVER TAKEN?</th>
<th>CARD EXPIRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Guard</td>
<td>___________</td>
<td>_______________</td>
</tr>
<tr>
<td>Head Life Guard</td>
<td>___________</td>
<td>_______________</td>
</tr>
<tr>
<td>Water Safety Instructor</td>
<td>___________</td>
<td>_______________</td>
</tr>
<tr>
<td>Other Water Courses</td>
<td>___________</td>
<td>_______________</td>
</tr>
<tr>
<td>First Aid (Indicate what course)</td>
<td>___________</td>
<td>_______________</td>
</tr>
<tr>
<td>CPR (Indicate what course)</td>
<td>___________</td>
<td>_______________</td>
</tr>
<tr>
<td>ASA Umpire Class</td>
<td>___________</td>
<td>_______________</td>
</tr>
<tr>
<td>Other Certifications</td>
<td>___________</td>
<td>_______________</td>
</tr>
</tbody>
</table>

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 ($37). 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, renter/tenant, peddler/food truck permits or other applications deemed necessary)

I, ____________________________________, DOB_______________, on this date ____________________,

Please print name

authorize the City of Tonawanda Police Department to conduct whatever interviews and/or background investigations deemed necessary in their attempt to ascertain suitability and fitness of my character for:

________________________________________________________________________

(Please insert reason for requesting background. Ex. Peddler permit, employment, tenant.)

I give this authorization and consent voluntarily.

(Form must be signed in front of a Notary Public or Commissioner of Deeds.)

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

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

Please provide a copy of your driver's license.

See back for additional required 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. 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 background, suitability and fitness of character. 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.”

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

Date: ________________  Applicant’s Signature: ________________________________

Sworn to me before this __________ day of __________________________, 20______.

Signature of Notary Public or Commissioner of Deeds