

APPLICATION FOR SEASONAL EMPLOYMENT 2020

**INSTRUCTIONS FOR FILING: COMPLETE BOTH PAGES OF THIS APPLICATION AND RETURN TO:
DEPARTMENT OF HUMAN RESOURCES, SUITE 100, 148 MARTINE AVENUE, WHITE PLAINS, N.Y. 10601**
EARLY RETURN OF THIS APPLICATION IS SUGGESTED

| | | | |
|----------------|--------|------------|--------------------------|
| NAME LAST | FIRST | MIDDLE | SOCIAL SECURITY # / / |
| ADDRESS No. | STREET | APT. | CITY |
| | | | STATE |
| | | | ZIP |
| TEL. # () | | CELL # () | |

| | | |
|--|---|-------------------------|
| Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what age: _____ Minimum age for hire: 16 | Are you a Westchester County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | E-mail address _____ |
|--|---|-------------------------|

| EDUCATION | | | | Dates attended | Date degree received |
|-----------------------------|-----------------|---------------|----------------|----------------|----------------------|
| | Name & Location | Course/ Major | Type of degree | From/To | or expected |
| HIGH SCHOOL | | | | | |
| COLLEGE OR POST HIGH SCHOOL | | | | | |
| GRADUATE SCHOOL | | | | | |

Certificates or Special Training _____

EMPLOYMENT HISTORY (Up to last 5 years)

| NAME & ADDRESS OF EMPLOYER | FROM MO./YR. | TO MO./YR. | TYPE OF WORK OR POSITION | PAID OR UNPAID | REASON FOR LEAVING |
|----------------------------|--------------|------------|--------------------------|----------------|--------------------|
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---|--|---|
| Do you have any computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____ | Keyboarding skills? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> WPM | Can you operate any other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____ |
|---|--|---|

In addition to English, are you fluent in any other language? Yes No If yes, specify: _____

Have you worked for Westchester County government before? Yes No Which Department: _____
Reason for leaving: _____

- Check for job preferences
- | | |
|------------------------------------|--|
| 1. PARKS/ POOLS/GOLF COURSES _____ | 5. OFFICE _____ |
| 2. PLAYLAND _____ | 6. LABORATORY WORK _____ |
| 3. LIFEGUARD _____ (see below) | 7. CAMP INSTRUCTOR/COUNSELOR (MUSIC/ECOLOGY/CRAFTS) _____ |
| 4. LABORER, MAINTENANCE _____ | 8. For PUBLIC SAFETY SEASONAL PARK RANGER: Please complete separate application at http://publicsafety.westchestergov.com/become-a-park-ranger |

For Lifeguard Only **Check Below:** (Indicate certification & expiration dates)

| | | | | | |
|----------------------------------|----------------------------|--|--|--|---------------------------------------|
| Lifeguard Training/ First Aid | Lifeguarding/ First Aid | CPR/AED for the Professional Rescuer | Instructor Certifications | Waterfront or Waterfront Lifeguarding | Head guard or Lifeguard Management |
| () | () | () | LGI R. 06() _____ WSI R.06 () _____ CPR/AED() _____ | () | () |
| EXPIRES _____ | EXPIRES _____ | EXPIRES _____ | EXPIRES _____ | EXPIRES _____ | ISSUE DATE |

EMPLOYMENT AS A LIFEGUARD IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF THE WESTCHESTER COUNTY DEPARTMENT OF PARKS, RECREATION AND CONSERVATION **WATER SKILLS TEST**.

| | |
|--|---|
| FOR ALL APPLICANTS: Dates available to work From _____ / _____ / _____ To _____ / _____ / _____ <small>Month / Day Month / Day</small> | Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____ Will you have access to a car for work? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: right;">Over _____</div> |
|--|---|

Where did you hear about this program/job?

Comments:

1. WERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS? YES ___ NO ___
2. DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL? YES ___ NO ___
3. DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE U.S. WHICH WAS OTHER THAN HONORABLE, OR WHICH WAS ISSUED FOR OTHER THAN HONORABLE CIRCUMSTANCES? YES ___ NO ___

IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE, YOU MUST PROVIDE AN EXPLANATION, INCLUDING DATE, NATURE AND CURRENT DISPOSITION ON AN ATTACHED PIECE OF 8 1/2 X 11 PAPER.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK.

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.) This application may be used for review by the prospective appointing authority as part of a background investigation.

PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

By accepting employment with the County of Westchester, I hereby agree to submit to any and all forms of drug testing (such as urinalysis, breath &/or blood testing) as a condition of Seasonal Employment with Westchester County in accordance with Westchester County's Comprehensive Drug-Free Workplace Policy & Procedures. I understand that if offered employment, I will be subject to the Westchester County fingerprinting policy under which my appointment may be conditioned on the results of a fingerprinting investigation.

DATE: _____ APPLICANT'S SIGNATURE: _____

IF UNDER AGE 18, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED.

"I have read my child's/ward's completed application form and hereby give my permission for him/her to be hired by Westchester County for the purpose of Seasonal Employment and I further give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Westchester County Department of Human Resources, and upon receipt by the Department of Human Resources of said revocation my child's/ward's employment shall be terminated".

By my signature below, I hereby give my permission for _____ to submit to any and all forms of drug testing (such as urinalysis, breath &/or blood testing) as a condition of Seasonal Employment with Westchester County in accordance with Westchester County's Comprehensive Drug-Free Workplace Policy & Procedures.

DATE: _____ SIGNATURE OF PARENT OR GUARDIAN: _____



The County of Westchester is an Equal Opportunity Employer