

POOL STAFF APPLICATION

VILLAGE OF BUCHANAN



MUNICIPAL BUILDING, BUCHANAN, N.Y. 10511-1298

914.737.1033

recreationdept@villageofbuchanan.com

Date: _____ Position applying for: _____

****Print clearly****

Answer each question completely, leaving non-applicable spaces blank.

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip code: _____

Your cell phone number: _____ Home number: _____

Your e-mail: _____

Social Security No. : _____ Sex: _____

Date of Birth: (m/d/yy) _____ Age as of June 27th: _____

Grade ENTERING in the fall: _____ Do you have a driver's license? _____

Do you have any physical, medical or emotional attributes which may prevent or limit your participation in vigorous physical activities? _____ If Yes, please explain: _____

What ages have you worked in a leadership capacity?

Pre-School _____ Elementary _____ Middle School _____

High School _____ Adult _____ Senior Citizen _____

On a separate piece of paper, list ALL certifications you have, be sure to include when you received it, the expiration date AND who certified you. **ACCORDING TO THE BOARD OF HEALTH, CPR IS ONLY GOOD FOR ONE YEAR AND MUST BE RETAKEN EVERY YEAR. **ATTACH A COPY OF ALL YOUR CERTIFICATION WITH THIS APPLICATION**

WE ARE OFFERING AN EXTENDED DAY THIS YEAR FOR CAMPERS, FOR EXTRA PAY, WOULD YOU LIKE TO WORK 3-6 FOR THE CAMP? DAYS AND TIMES WOULD BE BASED ON YOUR LIFEGUARDING SCHEDULE. Y / N

List all experience that relates to position sought:

Job title: _____

Employer: _____

Employer's address: _____

Employer's phone number: _____

Dates worked for this Employer: _____

If more space is needed, attach a separate sheet with information on it.

Have you ever been employed by the Village of Buchanan? _____

If so, when: _____

List 3 persons (other than relatives) whom I may contact for information as to your character.

List Name, Address and Phone number.

****ATTACH A COPY OF ALL YOUR CERTIFICATION WITH THIS APPLICATION****

ALL INFORMATION PRESENTED HERE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant's Signature: _____ **Date:** _____

We are an Equal Opportunity Employer. We consider all applications for all positions without regard to race, religion, color, gender, age, national origin, physical or mental disability, marital status, veteran status, genetic disposition, sexual orientation or any other legal protected status. This application for employment will be considered active for a period of time not to exceed six (6) months. Any applicant wishing to be considered for employment beyond this time should reapply by completing another employment application.