



**Town of Vestal**  
**Recreation Department**  
 516 Front St., Vestal, NY 13850  
 (607) 754-3368

<b>Office Use Only</b>
Date Rec'd: _____
Received by: _____

## 2024 Application for Employment

Please Print

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_  
 Street City/Town State Zip Home Phone

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Are you below 18 years \_\_\_\_ Are You below 16 years \_\_\_\_ (If you are under 18 years of age & hired by the Town of Vestal, you need working papers. You get them at the High School Guidance Office & we keep the original).

**Education:** Current Grade in High School \_\_\_\_ OR Current Year in College \_\_\_\_ Major \_\_\_\_\_

Please indicate the position you are applying for. If you wish to be considered for more than one position, please **number** positions below by the priority you wish to be considered. **One being the highest priority.**

- |   |  |
|---|--|
| <p><b>Lifeguard – Part-Time Summer</b> _____</p> <p><b>Lifeguard – Full-Time Summer</b> _____</p> <p><b>Swim Instructor/Lifeguard – Full-Time Summer</b> _____</p> <p>Outdoor Pool Assistant Director _____</p> <p>Outdoor Pool Director _____</p> <p>Instructional Pool Assistant Director _____</p> <p>Instructional Pool Director _____</p> <p>Lifeguard - Family Swim (Winter) _____</p> <p><b>Playground Instructor</b> _____</p> <p>Acting Camp _____</p> <p>Advanced Baseball Camp _____</p> <p>Baseball Camp _____</p> <p>Basketball Camp _____</p> <p>Cheerleading Camp _____</p> <p>Elite Basketball Camp _____</p> | <p>Field Hockey Camp _____</p> <p>Field Hockey League (Fall) _____</p> <p>Girls Advanced Soccer Camp _____</p> <p>Girls Basketball Camp _____</p> <p>Girls Flag Football Camp _____</p> <p>Girls Lacrosse Camp _____</p> <p>Lacrosse Camp _____</p> <p>Running Camp _____</p> <p>Softball Camp _____</p> <p>Soccer Camp _____</p> <p>Tennis Lessons _____</p> <p>Volleyball Camp _____</p> <p>VYBO (Jan. - Feb.) Basketball Referee _____</p> <p>Other (Specify) _____</p> |
|---|--|

Have you ever been employed by the Town of Vestal? \_\_\_\_ If yes, what capacity? \_\_\_\_\_ Dates? \_\_\_\_\_

What date would you be available for work? \_\_\_\_\_ When is the last day you're available for work? \_\_\_\_\_

List three references, their phone numbers & their relationship to you \_\_\_\_\_

\_\_\_\_\_

Please list briefly all employment during the last three years, paid or volunteer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Do you have any commitment to any other employer (another job) or organization; you plan on keeping that could limit your availability? If so, please explain \_\_\_\_\_

Describe your qualifications, activities, organizations, or any other information which you feel would be relevant to your ability to perform this job? \_\_\_\_\_

**Playground Applicants:** Do you have a current First Aid/CPR/AED that covers Adults & Children? \_\_\_\_\_  
Date completed \_\_\_\_\_

**T-Shirt Size:** \_\_\_\_\_

**Aquatics Personnel Only:**

Do you hold a YMCA Lifeguard Training Card? \_\_\_\_\_ **OR** Red Cross Lifeguard Training Card \_\_\_\_\_

Where Received? \_\_\_\_\_ Date Course Completed \_\_\_\_\_

Do you hold a current CPR/AED for the Professional Rescuer Card? \_\_\_\_\_ Date Completed \_\_\_\_\_

Do you hold Red Cross WSI Instructor Certification? \_\_\_\_\_ Date Course Completed \_\_\_\_\_

Where Received? \_\_\_\_\_ Have you taught a class after getting certified as a WSI Instructor? \_\_\_\_\_

**Suit size: Men's** \_\_\_\_\_  
Small, Med., Large, X-Large

**Suit Size: Women's** \_\_\_\_\_  
30, 32, 34, 36, 38, 40, 42

(Note – female suits run small and you may need to go up a size.)

**Lifeguard T-Shirt Size** \_\_\_\_\_ (unisex)

Declaration: I agree, if employed, to abide by all the rules and regulations relative to my position. I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief, are true and correct. I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I give the employer the right to investigate all references and to secure additional job related information from all other persons, corporations or organizations for furnishing such information.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Applications are due April 1, 2024  
Applications will be held on file until December 31, 2024.

**Aquatics and Playground Staff**

**\*All Lifeguarding, CPR, and First Aid classes are required to have an in-person component\***

# BROOME COUNTY GOVERNMENT EMPLOYMENT APPLICATION



## Department of Personnel

Broome County Office Building, 3rd Floor  
60 Hawley Street, PO Box 1766, Binghamton, NY 13902  
www.gobroomecounty.com/personnel

DO NOT WRITE IN THIS SPACE

1. \_\_\_\_\_  Full-Time  Part-Time  
**Title of Position Applying For**  Temporary  Summer

No persons shall be denied equal protection of the laws of this County, State, Nation or any subdivision thereof. No person shall, because of race, color, creed, religion, age, sex, national origin or sponsor, be subjected to any discrimination in his civil rights by any person, department or any institutional, agency or subdivision of Broome County. The NYS Human Rights Law prohibits discrimination because of age. Broome County Government does not discriminate on the basis of physical or mental disability and will make reasonable accommodations for individuals with disabilities during application, examination, interviewing and employment.

BROOME COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications. **DIRECTIONS:** Please print using black ink or type. Answer all questions. Write "No" or "None" where applicable.

2. NAME \_\_\_\_\_ 3. SOC. SEC. NUMBER \_\_\_\_\_  
Last First Middle

4. LEGAL ADDRESS \_\_\_\_\_  
Street County  
 \_\_\_\_\_  
City State Zip

5. MAILING ADDRESS \_\_\_\_\_  
(If different from above) Street City State / Zip

6. EMAIL \_\_\_\_\_ 7. CELL PHONE \_\_\_\_\_

8. HOME PHONE \_\_\_\_\_ 9. WORK PHONE \_\_\_\_\_

(Please notify immediately of any changes.)

10. EDUCATION: Select circle for last grade completed (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) ( ) GED

	Name and School Location	Graduated?	Type of Degrees	No. of credits completed
High School last attended		Yes <input type="radio"/> or No <input type="radio"/>		
Colleges or Universities		Yes <input type="radio"/> or No <input type="radio"/>		
		Yes <input type="radio"/> or No <input type="radio"/>		
Other		Yes <input type="radio"/> or No <input type="radio"/>		
		Yes <input type="radio"/> or No <input type="radio"/>		

### FOR DEPARTMENT USE ONLY

Approved  Disapproved Reviewer's Initials \_\_\_\_\_

Comments: \_\_\_\_\_

**11. EMPLOYMENT EXPERIENCE** - List all permanent employment since high school. List any summer, part-time, temporary employment, which includes experience that may qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position.

**Presently Employed**

**A.**

Company Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Your Position Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

and Title \_\_\_\_\_

Employed From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

Was the position  Paid or  Volunteer? Hours/Week \_\_\_\_\_

Describe your duties and responsibilities in detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving (Please explain fully.) \_\_\_\_\_

\_\_\_\_\_

**B.**

Company Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Your Position Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

and Title \_\_\_\_\_

Employed From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

Was the position  Paid or  Volunteer? Hours/Week \_\_\_\_\_

Describe your duties and responsibilities in detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving (Please explain fully.) \_\_\_\_\_

\_\_\_\_\_

**C.**

Company Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Your Position Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

and Title \_\_\_\_\_

Employed From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

Was the position  Paid or  Volunteer? Hours/Week \_\_\_\_\_

Describe your duties and responsibilities in detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving (Please explain fully.) \_\_\_\_\_

\_\_\_\_\_

**D.**

Company Name \_\_\_\_\_

Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Your Position Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

and Title \_\_\_\_\_

Employed From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

Was the position  Paid or  Volunteer? Hours/Week \_\_\_\_\_

Describe your duties and responsibilities in detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving (Please explain fully.) \_\_\_\_\_

\_\_\_\_\_

**PERSONAL DATA**

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12. Do you have the legal right to accept employment in the United States?  Yes  No  
(Non-citizens will be required to produce 1-151 or 1-551 alien registration cards at time of appointment).
13. Have you ever been convicted of a misdemeanor or felony?  Yes  No  
If yes, please give particulars and disposition of each charge on a separate sheet and attach same.
14. If a motor vehicle license is required for the position, please indicate the license you presently possess:  
Class  A  B  C  D  E (select one) Designate type of commercial license: \_\_\_\_\_  
Date of Expiration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year
15. If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please indicate the following:  
Name of Trade or Profession \_\_\_\_\_  
License Number \_\_\_\_\_ Date From \_\_\_\_\_ To \_\_\_\_\_  
Licensing Agency \_\_\_\_\_ City/State \_\_\_\_\_
16. For reference purposes do you have any objections to our contacting present or past employers?  Yes  No  
If yes, comment: \_\_\_\_\_
17. Did you qualify as an Exempt Volunteer Fireman as set forth by the criteria in section 200 of the General Municipal Law?  Yes  No
18. Did you serve in the armed forces of the United States?  Yes  No  
Branch \_\_\_\_\_ Dates \_\_\_\_\_
19. Did you receive a discharge which was honorable or were you released under honorable circumstances?  Yes  No
20. What made you aware of this vacancy or Broome County employment opportunities?  
 Personal Reference  TV  Radio  Newspaper  
 Bulletin Board  In the Personnel Office  Other \_\_\_\_\_

**DECLARATION** I agree, if employed, to abide by all the rules and regulations relative to my position. I agree to undergo a physical examination and authorize the examining physician to render to the Department of Personnel the results of the examination. I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief, are true and correct. I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

21. Signature \_\_\_\_\_ Date \_\_\_\_\_

By checking this box and typing or signing your name in the signature field you are agreeing to the above declaration and verifying all information is accurate.

22. Please print any other surnames (last names) by which you are or have been known.  
\_\_\_\_\_

The Immigration Reform and Control Act of 1986, requires that all individuals must provide acceptable documentation that proves identity and employment eligibility. A listing of acceptable documents can be obtained from the Department of Personnel. Failure to provide this documentation will affect your chances for employment with Broome County.

APPLICATIONS WILL BE HELD ON FILE FOR ONE YEAR FROM FILING DATE.

Revised 10/20