



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

Office Use Only
Date Rec'd: _____
Received by: _____

2021 Application for Employment

Due to Covid-19 and budget cuts the Vestal Memorial Pool will NOT be open summer 2021, therefore aquatic positions are not listed. Below are the positions we may hire. These are subject to change.

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. All camps may be held outdoors this summer due to COVID-19 and Vestal school use policy.

- | | |
|------------------------------------|---------------------------|
| Playground Instructor _____ | Girls Lacrosse Camp _____ |
| Baseball Camp _____ | Lacrosse Camp _____ |
| Advanced Baseball Camp _____ | Softball Camp _____ |
| Cheerleading Camp _____ | Soccer Camp _____ |
| Field Hockey Camp _____ | Tennis Camp _____ |
| Field Hockey League – (Fall) _____ | Volleyball Camp _____ |
| Girls Advanced Soccer Camp _____ | Other (Specify) _____ |

Have you ever been employed by the Town of Vestal? _____ **If yes, in 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 _____

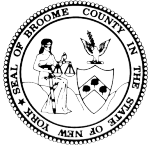
T-Shirt Size: _____ (Playground and Tennis instructors)

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, 2021
Applications will be held on file until December 31, 2021.

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** (____) _____

8. **HOME PHONE** (____) _____ 9. **WORK PHONE** (____) _____

(Please notify immediately of any changes.)

10. **EDUCATION:** Circle last grade completed - 6 7 8 9 10 11 12 13 14 15 16 17 18

	Name and School Location	Graduated? Yes or No	Type of Degrees	No. of credits completed
High School last attended				
Colleges or Universities				
Other				

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.

A.

Company Name _____

Type of Business _____

Address _____

Your Position Title _____

Supervisor's Name _____

and Title _____

Employed From (date) _____ To (date) _____

Salary - Starting _____ Final _____ 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) _____

Salary - Starting _____ Final _____ 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) _____

Salary - Starting _____ Final _____ 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) _____

Salary - Starting _____ Final _____ Hours/Week _____

Describe your duties and responsibilities in detail _____

Reason for leaving (Please explain fully.) _____
