

<p>List certificates (including CPR, WSI, First Aid), licenses (including driver license) that would support your qualifications for employment:</p> <p>If you are applying for a position which requires a Driver License, provide Driver License Number here:</p>	<p>List your hobbies and extracurricular activities as they relate to a recreation program. Also include areas that you are qualified to instruct:</p>
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References (Other than relatives)

Name/Occupation	Phone Number
Street Address City State Zip	Years Known

Name/Occupation	Phone Number
Street Address City State Zip	Years Known

Name/Occupation	Phone Number
Street Address City State Zip	Years Known

Present or Last Employer

Name of Employer	Phone Number
Street Address City State Zip	Employment Dates (Month/Year)
Title of Position	Salary

Name and Title of Supervisor: _____

Description of duties, responsibilities and significant accomplishments: _____

Reason for leaving: _____

Previous Employer

Name of Employer	Phone Number
Street Address City State Zip	Employment Dates (Month/Year)
Title of Position	Salary

Name and Title of Supervisor: _____

Description of duties, responsibilities and significant accomplishments: _____

Reason for leaving: _____

Conviction Record Status

Have you ever been convicted of and/or plead guilty to a felony? ___Yes ___No

Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? ___Yes __No

If you answered “yes” to either question, please provide additional information such as the crime (s), date (s), court location, sentencing information, disposition of sentence, and rehabilitation completed. **Please note that a “yes” answer to this question does not necessarily disqualify as applicant from employment with the Catskill Community Center.** The nature of the violation and all other appropriate circumstances will be considered. The Catskill Community Center reserves the right to reject individuals for employment based on job-related convictions.

Date	County/State	Conviction/Explanation

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that if, hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local regulations.

Insurance

Please note that the Catskill Community Center does not offer insurance and/or benefits. Please provide insurance information:

Insurance holder: _____ Relationship to holder: _____

Insurance name: _____ Insurance ID:

Insurance address: _____

Insurance phone number: _____

Program interested in:

Catskill After School (M-F, 3:00 PM – 5:45 PM)_____

Cairo After School (M-F, 3:00 PM – 5:45 PM)_____

Signature of Applicant: _____

If applicant is under 18 years of age signature of parent/guardian:

Date: _____