

<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:

Summer Recreation (M-F, 8:45 AM – 12:15 PM) _____

** If hired for the pool your hours will be 9 AM – 12 PM**

Summer Fun (M-F, 12:15 PM – 5:45 PM) _____

Both: _____

NOTE: If you are hired for both programs your start time will be staggered and you will have one afternoon off each week. This day maybe pre-assigned prior to the program starting. (Please initial that you have read and understood this statement _____)

Signature of Applicant: _____ Date: _____

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

_____ Date: _____