

**CATSKILL COMMUNITY CENTER
EMPLOYMENT APPLICATION**



Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the application.* Each question must be answered in full, if answer is NO or NONE, indicate such. We appreciate your interest in employment with the Catskill Community Center.

We are an Equal Opportunity Employer. We consider all applications for all positions without regard to race, color, religion,, gender, sexual orientation, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class.

Name (First, Middle, Last)	Social Security
Street Address	Phone Number: Home: Cell:
City State Zip	Position Applying For Please Circle Area(s) of interest: Community Center Office Recreation Center Farmers Market Welcome Center Summer Recreation

Are you currently employed? ___Yes ___No
 If yes, may we contact your employer to obtain employment information? ___Yes ___No

Have you ever been employed with the Catskill Community Center? ___Yes ___No
 If yes, give dates: From ___/___/___ To ___/___/___

Are you legally eligible for employment in the United States? ___Yes ___No
Employment eligibility verification will be required upon employment

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___Yes ___No

If you have been provided with a job description for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodations? ___Yes ___No ___N/A

Type of School Attended	Name and Location of School	Number of Years completed (do not give dates)	Course of Study	Diploma or Degree Obtained
High School or Preparatory School				
College				

EMPLOYMENT HISTORY

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 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 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 health benefits. Please provide insurance information:

Insurance holder: _____ Relationship to holder: _____

Insurance name: _____ Insurance ID: _____

Insurance address: _____ Phone Number: _____

Signature of Applicant: _____

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

Date: _____

EMPLOYEE USE ONLY:

Interviewed: ___Yes ___No Date: _____

Application Status: _____