

**CATSKILL COMMUNITY CENTER  
EMPLOYMENT APPLICATION**



Thank you for your interest in employment with the Catskill Community Center.

*To be considered for employment, the applicant must complete and sign this application personally.* Please **TYPE** or **PRINT** clearly and answer each question in full. If the answer is NO or NONE, please write that as your answer.

The Catskill Community Center is 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 Number
Street Address	Phone Number: Home: Cell:
City                      State                      Zip	Position for which you are applying. Please check area(s) of interest:  <input type="checkbox"/> Administrative Office <input type="checkbox"/> Youth Center <input type="checkbox"/> Children's Programs <input type="checkbox"/> Summer Recreation <input type="checkbox"/> Farmers Market

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  I am 18 or over

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				
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<p>List certificates (including CPR, WSI, First Aid), licenses (including driver's license) that would support your qualifications for employment:</p>          <p>If you are applying for a position which requires a Drivers License, provide Driver License Number here:</p>	<p>List your hobbies and extracurricular activities as they relate to the position you are applying for. Also include areas that you are qualified to instruct:</p>          
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Please provide 3 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

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EMPLOYMENT HISTORY:

**Present or Most Recent 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: \_\_\_\_\_

RECORD OF CONVICTIONS, IF ANY:

Have you ever been convicted of and/or pleaded guilty to a felony?  Yes  No

Have you been convicted of and/or pleaded guilty to a misdemeanor within the past five years?  Yes  No

If you answered "yes" to either question, please provide the following additional information: 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 information regarding your health insurance:

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: \_\_\_\_\_

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EMPLOYEE USE ONLY:

Interviewed:  Yes  No Date: \_\_\_\_\_

Application Status: \_\_\_\_\_