TOWN OF GREENBURGH APPLICATION FOR EMPLOYMENT											
Instructions: Complete both sid	des of this	application	, sign it, and	l return i	t to:						
Greenburgh Town Hall, %	7'Hillsid€	e Ave.žGr	eenburah.	NY 106	507						
Additional Information may be wri			•			lication					
LAST NAME		FIRST NAME		MI	SOCIAL SECURITY NUMBER						
ADDRESS		CITY, STATE, ZIP			TELEPHONE NUMBER						
ARE YOU 18 YEARS OF AGE OR OLDE	R?	YES NO		If under	18, do you have working papers?						
If not, please state your age		Minimum hire age is 1Í			YESNO Required						
JOB PREFERENCE & AVA	ILABILIT	Υ									
Check off your job preference	s below (m	ax 3) in pre	ference orde	<u> </u>							
Theodore D. Young Community					r the Town	of Gree	nburgh before?				
- Programs			Yes No								
- Day Camps			Department	& Dates:							
- LifeguardĐứ[[•			_								
Parks & Recreation											
- Day camps			Availability to work:								
- Programs			Dates: From To Month/Day Month/Day								
- Lifeguard - Parks/Grounds			Dates. 1 Tolli	Month/D	')av	Mc	onth/Day				
Department of Public Works			†	World I/D	ay	7070	nia ii Day				
- Sanitation			Times: From								
- Water Shop			Times: From To am/pm am/pm								
- Equipment and Repair			1	•		•					
- Highway			1								
Library			1								
EDUCATION	Name & Loca	ation		Course/M	lajor		Years Completed				
Grammar School											
High School/GED											
College/Business School											
Graduate/Professional											
Certificate/Special Training											
EMPLOYMENT HISTORY		Please list j	jobs with mos	t recent f	ïrst						
Fro		om To Kind of W				for Leaving and					
NAME & ADDRESS OF EMPLOYER	Month/year	Month/year	List Positio	n	Salary	Supervis	sor's Name/Phone				
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Fill out application - then print, sign and return. Or scan and email to recreation@greenburghny.com.

NAME:

SKILLS							
Do you have any computer skills?	No	Yes	Can you type	?		Any other	skills? Please specify.
Specify:			No Yes	WPM	Λ		
Do you have a Driver's License?	Can you o	perate any o	ther Equipmer	nt?		1	
No Yes Type	No Yes	Specify					
Lifeguard Certifications:	Current Cert	Expiration	In addition to	English,	are you flu	ent in any	y other language?
R-94			NoYe	s			
R-01			<u>Language</u>	<u>Speak</u>	Read	<u>Write</u>	
First Aid			1			<u> </u>	
CPR/PR		<u> </u>				<u> </u>	
Other:							
BACKGROUND	All statem	ents are su	bject to verifi	cation			
in accordance with Section 752 of Have you ever been released from No Yes	n a job for a		er than lack of	work or e	end of prog	ıram?	
AFFIRMATION	This secti	on MUST b	e completed				
I affirm that all statements made perjury. Your signature below s a background investigation. Pursuant to 210.45 of the New knowingly make a false statem	hall constitu York State nent hereir	ute your con e Penal Law n.	sent for use by	y the pros	spective ap	pointing a	authority as part of
Applicant's Signature				Da	ate		
Email Add		ro of a Paro	nt or Logal G	ardian i	- Poquiro		
I have read my child's/ward's co the Town of Greenburgh for the emergency medical treatment if of Greenburgh Comptroller's Of /ward's employment shall be ter	ompleted ap purpose of necessary fice and, up	oplication for f seasonal e	m and hereby mployment and me I revoke thi	give my p d further g is permiss	permission give permission, I will o	for her/h ssion for l do so in w	him/her to receive vriting to the Town
Signature of Parent or Legal Gu					Date		