



HARRISON  
RECREATION DEPARTMENT  
GERRY SALVO  
*Superintendent*  
(914) 670-3035



To All Prospective Applicants:

Please read the below statements carefully before filling out the attached forms. The application for employment document is an official record of your qualifications. Please, fill these forms out using either black or blue ink (no pencil), answer all questions, and fill in all blanks. By filling out this application it does not mean you will be hired. Your employment will be based upon the Recreation Department's needs, and your qualifications. You are required to set-up an appointment with the Recreation Department at (914) 949-5265, for an interview. Please email complete application to [kciafone@harrison-ny.gov](mailto:kciafone@harrison-ny.gov) (type summer employment application in subject line)

1. **APPLICATION SHEET:** References must be filled out in full (name, address, phone number) No relatives or friends. What is acceptable are teachers, employers, doctors, spiritual leaders etc.
2. **MEDICAL FORM:** All dates of shots and any medical problems or disabilities must be explained in full detail
3. **THREE SEPARATE REFERENCE FORMS:** You must fill out and return three separate reference forms. You are required to fill out Part I on the form in full and Part II must be completed by the person providing the reference. Have them email the document to [kciafone@harrison-ny.gov](mailto:kciafone@harrison-ny.gov).

You will be contact by the Recreation Department upon approval of your appointment by the Town Board of Harrison

**ANY AND ALL FORMS NOT COMPLETED CORRECTLY  
WILL STALL THE INTERVIEW PROCESS**

ALFRED F. SULLA, JR. MUNICIPLE BUILDING  
1 HEINEMAN PLACE, HARRISON, NEW YORK 10528  
FAX: (914) 835-2011  
[recreation@harrison-ny.gov](mailto:recreation@harrison-ny.gov)

# Application for Employment

Please Print

Town/Village of Harrison

1 Heineman Place

Harrison, NY 10528

914-670-3087

Equal access to programs, services and employment opportunities is available to all persons without regard to age, race (including traits historically associated with race, including but not limited to, hair texture and protective hairstyles), creed, religion (including wearing religious attire, clothing or facial hair), color, national origin, sexual orientation, gender identity, military status, sex (including pregnancy), disability, familial status, marital status, reproductive health decision making, domestic violence victim status, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone # ( ) \_\_\_\_\_ Cellular/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : AM PM  
☐ Home ☐ Cellular/Other

May we contact you at work? ..... ☐ Yes ☐ No

If yes, work number and best time to call:

( ) \_\_\_\_\_ : AM PM

If you are under 18 and it is required,  
 can you furnish a work permit?..... ☐ N/A ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Have you submitted an application here before? ..... ☐ Yes ☐ No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? ..... ☐ Yes ☐ No

If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment  
 following an extended military leave of absence  
 from this company?..... ☐ Yes ☐ No

If yes, additional information may be requested.

Are you lawfully authorized to work in  
 the United States? ..... ☐ Yes ☐ No

Date available for work \_\_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired: ☐ Full-Time ☐ Part-Time  
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ..... ☐ Yes ☐ No

Will you travel if job requires it? ..... ☐ Yes ☐ No

If they have been explained to you, are you able to meet the  
 attendance requirements of the position? ... ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? ..... ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which  
 you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please  
 do not provide information about the existence of a disability, particular accommodation,  
 or whether accommodation is necessary. These issues may be addressed at a later stage  
 to the extent permitted by law.

☐ Yes ☐ No ☐ Need more information about the  
 job's "essential functions" to respond

Driver's license number required if driving may be required in the  
 job for which you are applying:

\_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? ..... ☐ Yes ☐ No

Have you ever pleaded "guilty" or "no contest" to or been convicted of  
 a crime? NOTE: Answering "yes" to this question does not constitute an automatic  
 bar to employment. Factors such as date of the offense, seriousness and nature  
 of the violation, rehabilitation and position applied for will be taken into account.  
 You are not obligated to disclose any information concerning criminal proceedings  
 that terminated in your favor, youthful offender adjudication,  
 or convictions that have been sealed. .... ☐ Yes ☐ No

If yes, please provide date(s) and details:

Have you entered into an agreement with any former employer or  
 other party (such as a noncompetition agreement) that might, in any  
 way, restrict your ability to work for our company? ..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ( )
Street address	City State
Starting job title/final job title	Dates employed Month / Year to Month / Year
Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
What did you like most about your position?	
What were the things you liked least about the position?	

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Street address	City State
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Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
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Immediate supervisor and title (for most recent position held)	May we contact for reference? E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave?	
Summarize the type of work performed and job responsibilities.	
What did you like most about your position?	
What were the things you liked least about the position?	

## Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

**Computer Skills** (Include software titles and level of experience, such as basic, intermediate, or advanced.)

☐ Word Processing \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Internet \_\_\_\_\_ Level: \_\_\_\_\_

☐ Spreadsheet \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

☐ Presentation \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

☐ E-mail \_\_\_\_\_ Level: \_\_\_\_\_ ☐ Other \_\_\_\_\_ Level: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Related Information

When answering these questions, please exclude any information that would reveal age, race (including traits historically associated with race, including but not limited to, hair texture and protective hairstyles), creed, religion (including wearing religious attire, clothing or facial hair), color, national origin, sexual orientation, gender identity, military status, sex (including pregnancy), disability, familial status, marital status, reproductive health decision making, domestic violence victim status, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? \_\_\_\_\_

List special accomplishments, publications, awards, etc. \_\_\_\_\_

List any relevant volunteer work. \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her age, race (including traits historically associated with race, including but not limited to, hair texture and protective hairstyles), creed, religion (including wearing religious attire, clothing or facial hair), color, national origin, sexual orientation, gender identity, military status, sex (including pregnancy), disability, familial status, marital status, reproductive health decision making, domestic violence victim status, genetic information, or any other protected status under applicable federal, state, or local law.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



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Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.





TOWN/VILLAGE OF HARRISON  
Alfred F. Sulla Jr. Municipal Building  
1 Heineman Place  
Harrison, NY 10528

Application for Summer Employment  
Recreation Department

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Employment desired:

- ☐ Day Camp Counselor
- ☐ Specialist
- ☐ Director
- ☐ Lifeguard
- ☐ Other: \_\_\_\_\_

List any certifications or licenses you may have:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Briefly describe why you feel you would be an asset to the Harrison Recreation Department:

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For Summer Day Camp Position Please complete the following

What Camp Grade/Groups are you interested in working with?  
(check all the apply)

Grades:

- ☐ 1<sup>st</sup> & 2<sup>nd</sup>
- ☐ 3<sup>rd</sup> & 4<sup>th</sup>
- ☐ 5<sup>th</sup>
- ☐ 6<sup>th</sup>
- ☐ 7<sup>th</sup>
- ☐ 8<sup>th</sup>

Groups:

- ☐ Male
- ☐ Female

Please give a brief biography of yourself:

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**HARRISON RECREATION DAY CAMP**  
**REFERENCE FORM**

**PART I (To be completed by Applicant)**

Applicants Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Name, Address & Phone of person providing reference:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**PART II (To be completed by person providing reference)**

You have been listed as one who is acquainted with the qualifications, character & ability of the applicant named above. All information will be treated with strict confidence.

**A. Basis for Ratings & Remarks:**

1) How long have you known applicant? \_\_\_\_\_

2) Do you base your ratings on a personal, business  
or professional relationship \_\_\_\_\_

3) If candidate has been employed by you, please indicate:

Date of Employment \_\_\_\_\_

Capacity in which employed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Would you rehire? \_\_\_\_\_

**B. General Characteristics: (Check appropriate responses)**

Decision Making	No Opinion	Poor	Fair	Good	Excellent
Common sense					
Responsibility to obligations					
Loyalty					
Cooperation					
Maturity					
Emotional stability					
Leadership qualities					
Creativity					
Reliability					
Interpersonal qualities					

C. If this person were an applicant for a position working with children, would you, without reservation, employ him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

D. COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

TELEPHONE: \_\_\_\_\_

**EMAIL REFERENCE FORM TO:**

**KCIAFONE@HARRISON-NY.GOV**

**PLEASE TYPE (Reference Form) in Subject line**

**THANK YOU FOR YOUR COOPERATION...**

**OFFICE USE ONLY - IF VERBAL REFERENCE**

**DATE RECEIVED: \_\_\_\_\_ BY WHOM \_\_\_\_\_**

**RESULTS:**



**HARRISON RECREATION DAY CAMP**  
**REFERENCE FORM**

**PART I (To be completed by Applicant)**

Applicants Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Name, Address & Phone of person providing reference:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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Capacity in which employed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Would you rehire? \_\_\_\_\_

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Decision Making	No Opinion	Poor	Fair	Good	Excellent
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Responsibility to obligations					
Loyalty					
Cooperation					
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Emotional stability					
Leadership qualities					
Creativity					
Reliability					
Interpersonal qualities					

C. If this person were an applicant for a position working with children, would you, without reservation, employ him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

D. COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

TELEPHONE: \_\_\_\_\_

**EMAIL REFERENCE FORM TO:**

**KCIAFONE@HARRISON-NY.GOV**

**PLEASE TYPE (Reference Form) in Subject line**

**THANK YOU FOR YOUR COOPERATION...**

OFFICE USE ONLY - IF VERBAL REFERENCE

DATE RECEIVED: \_\_\_\_\_ BY WHOM \_\_\_\_\_

RESULTS:

**HARRISON RECREATION DAY CAMP**  
**REFERENCE FORM**

**PART I (To be completed by Applicant)**

Applicants Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Name, Address & Phone of person providing reference:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**PART II (To be completed by person providing reference)**

You have been listed as one who is acquainted with the qualifications, character & ability of the applicant named above.  
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1) How long have you known applicant? \_\_\_\_\_

2) Do you base your ratings on a personal, business  
or professional relationship \_\_\_\_\_

3) If candidate has been employed by you, please indicate:

Date of Employment \_\_\_\_\_

Capacity in which employed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Would you rehire? \_\_\_\_\_

**B. General Characteristics: (Check appropriate responses)**

Decision Making	No Opinion	Poor	Fair	Good	Excellent
Common sense					
Responsibility to obligations					
Loyalty					
Cooperation					
Maturity					
Emotional stability					
Leadership qualities					
Creativity					
Reliability					
Interpersonal qualities					

C. If this person were an applicant for a position working with children, would you, without reservation, employ him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

D. COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

(Signature)

(Title)

TELEPHONE: \_\_\_\_\_

**EMAIL REFERENCE FORM TO:**

**KCIAFONE@HARRISON-NY.GOV**

**PLEASE TYPE (Reference Form) in Subject line**

**THANK YOU FOR YOUR COOPERATION...**

OFFICE USE ONLY - IF VERBAL REFERENCE

DATE RECEIVED: \_\_\_\_\_ BY WHOM \_\_\_\_\_

RESULTS:

# Harrison Recreation Department - Summer Employee

## Medical Form

This Form is required by the New York State Health Department.

Please Note: Under 34 years of age must have the live measles booster shot in order to work

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Cell #

Doctors Name: \_\_\_\_\_  
Name Phone #

Parent's Cell Mother \_\_\_\_\_ Father \_\_\_\_\_

### Medical History – Immunization Record (required by NY State Law)

Please list EXACT dates, example: 1/20/17 and  
Attached Immunization Record with Doctor's Stamp

DPT/DPat (4)     Influenza (Hib) (1)

OPV/IPV (3)    MMR (2)

Hepatitis B (Hep ) (3)    Varicella Chicken Pox  
Or Varivax (1)

Please list all Allergies, Medical Alerts and Medical Restrictions: \_\_\_\_\_

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