

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 Departments needs, and your qualifications. You are required to set-up an appointment with the Recreation Department at (914) 949-5265, for an interview. Please return forms to the Leo Mintzer Center 251 Underhill Avenue, West Harrison, NY 10604.

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 return the document to the office at the bottom of the form.

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**

Application for Employment

Please Print

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, 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 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: _____

NOTE TO RHODE ISLAND APPLICANTS: This company is subject to the state's workers' compensation laws (Chapter 29-38) unless otherwise noted below (employer to list applicable exemptions):

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 sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, 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 sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

Mandatory Employer Disclosures

Notice to Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. **Notice to Massachusetts applicants:** It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. **Notice to Rhode Island applicants:** This company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment. **Notice to North Dakota applicants:** This company complies with North Dakota law prohibiting smoking within 20 feet of entrance and inside places of employment. **Notice to Indiana applicants:** This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment. **Notice to Illinois applicants:** Please be advised pursuant to Illinois law, applicants are not obligated to disclose expunged juvenile records of adjudication, arrest, or conviction.

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 ____/____/____



This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.



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

List any certifications or licenses you may have:

Briefly, why do you feel you would be an asset to the Harrison Recreation Department?

Include a brief biography (use additional paper if needed)

FILL OUT THE FOLLOWING IF APPLYING FOR A DAY CAMP POSITION
Check the activities that you would be capable of leading a group of children in:

- Hiking Nature Games Tennis Dancing Singing Swimming
- Baseball Track Basketball Volleyball Storytelling Softball
- Cooking Arts & Crafts Other _____

With what grade would you like best to work with?

- 1-2 3-4 5 6 7 8

- Boys Girls

List five (5) activities that you can do with children who are non-sports oriented: (ie, not baseball, kickball, etc)

List three (3) activities that you could lead for an hour on a rainy day. Specify age group that activities are for:

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: _____

RETURN TO:
HARRISON RECREATION
Leo Mintzer Center
251 Underhill Avenue, West Harrison, NY 10604

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. 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: _____

RETURN TO:
HARRISON RECREATION
Leo Mintzer Center
251 Underhill Avenue, West Harrison, NY 10604

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. 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: _____

RETURN TO:
HARRISON RECREATION
Leo Mintzer Center
251 Underhill Avenue, West Harrison, NY 10604

THANK YOU FOR YOUR COOPERATION...

OFFICE USE ONLY - IF VERBAL REFERENCE DATE RECEIVED: _____ BY WHOM _____

RESULTS:

HARRISON RECREATION
SUMMER EMPLOYEE

MEDICAL FORM

This information is REQUIRED by the New York State Health Department.

PLEASE NOTE: UNDER 34 YEARS MUST HAVE LIVE MEASLES
BOOSTER SHOT BEFORE ABLE TO WORK...

Name _____

Your Last Name if Different _____

Grade (In Fall) _____

Mailing Address _____

Emergency Name _____ Phone # _____

Doctor's Name _____ Phone # _____

Parent's Work # Mother _____ Father _____

Date of Birth _____

Medical History - Immunization Record

(required by N.Y. State Law)

Please list EXACT dates, ex. 3/20/63 and
Attached Immunization Record with Doctor's stamp

1. Diptheria/Tetanus Toxoid (4doses) Dates _____

2. Oral Polio Vaccine (3 or more doses) Dates _____

3. Live Measles Vaccine (2 doses) Dates _____

MUST HAVE

4. Live Rubella Vaccine (1 dose) Date _____

5. Live Mumps Vaccine (1 dose) Date _____

ALLERGIES, MEDICAL PROBLEMS, SPECIAL DIET, RESTRICTION ON

ACTIVITY: _____
