

# Town of Lancaster Parks, Recreation & Forestry

525 Pavement Road  
 (716) 684-3320  
 e-mail: [recreation@lancasterny.gov](mailto:recreation@lancasterny.gov)



Lancaster NY 14086  
 Fax (716) 685-3497  
 website: [www.lancasterny.gov](http://www.lancasterny.gov)

**RETURN BY: MARCH 20, 2020**

## Application for Employment

An Equal Opportunity Employer

Discrimination because of Race, Color, Religion, Sex, National Origin, Age, Disability, or Marital Status is prohibited by Law

| Last Name   |         | First Name        |                   | Middle Initial         |
|---|---------|-------------------|-------------------|------------------------|
| Permanent Address   |         |                   |                   |                        |
| Home Phone #: ( )   |         | Cell Phone #: ( ) |                   | E-Mail Address:        |
| Date of Birth:  | Age:    | Sex:              |                   |                        |
| <b>Position Applying For:</b> (Please check all that apply and number your preference)  |         |                   |                   |                        |
| Lifeguard _____ Playgrounds _____ Tennis _____ Maintenance _____ Summer Camps _____   |         |                   |                   |                        |
| T-Shirt Size (Playground, Lifeguard, Tennis & Maintenance) _____  |         |                   |                   |                        |
| Swimsuit Size (Lifeguards) _____ Hoodie Size (Lifeguards) _____   |         |                   |                   |                        |
| <b>Available Start Date:</b> _____ <b>End Date:</b> _____   |         |                   |                   |                        |
| <ul style="list-style-type: none"> <li>➤ <b>APPLICANT MUST BE A RESIDENT OF THE TOWN OF LANCASTER</b></li> <li>➤ <b>APPLICANT MUST BE A HIGH SCHOOL GRADUATE (WITH THE EXECPTION OF LIFEGUARDS)</b></li> <li>➤ <b>LIFEGUARD APPLICANTS MUST BE 16 YEARS OF AGE OR OLDER (or 15 yrs with working papers)</b></li> <li>➤ <b>LIFEGUARD MUST HOLD THE FOLLOWING: A) Lifeguard Training Course B) Standard First Aid C) CPR for the Professional Rescuer Certifications</b></li> </ul> |         |                   |                   |                        |
| <b>ALL PLAYGROUND AND TENNIS POSITIONS MUST BE CERTIFIED IN STANDARD FIRST AID AND CPR. THE TOWN WILL PROVIDE A CLASS FOLLOWING APPOINTMENT TO THE POSITION.</b>  |         |                   |                   |                        |
| EDUCATION   |         |                   |                   |                        |
| Name of School  | Address | Dates Attended    | Did you Graduate? | Course of Study/Degree |
| High School:  |         |                   |                   |                        |
| College:  |         |                   |                   |                        |

**SPORTS EXPERIENCE:** (Participation, Coaching, etc.)

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**VOLUNTEER WORK**

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**EMPLOYMENT RECORD**

**Record all Previous Employment, Beginning with Present or Most Recent Employment**

| <b>Dates Employed</b><br><small>From: Mo/Yr To: Mo/Yr</small> | <b>EMPLOYER</b>                    | <b>POSITION/TITLE</b> |
|---|------------------------------------|-----------------------|
|   | Name                               |                       |
|   | Street                             |                       |
|   | City                      Zip Code |                       |
|   | Phone #: (     )                   |                       |
|   | Name                               |                       |
|   | Street                             |                       |
|   | City                      Zip Code |                       |
|   | Phone #: (     )                   |                       |

**REFERENCE**

Please list 3 references below who are NOT related to you. If you are a student, one of your references should be a teacher or school counselor of your choice. Please note: References may be contacted.

| NAME | ADDRESS | STATE | ZIP CODE | PHONE # | RELATIONSHIP |
|------|---------|-------|----------|---------|--------------|
|      |         |       |          |         |              |
|      |         |       |          |         |              |
|      |         |       |          |         |              |

Are you willing to accept employment subject to our established rules and practices as now or hereafter in force?  
 Yes    No

Do you understand that employment is contingent upon you having required certifications?  
 Yes    No

Do you understand that employment is contingent on your appointment by the Town Board?  
 Yes    No

Before signing this application, review carefully the questions asked and the answers you have given. Be sure to read the following statement.

**STATEMENT OF ACCURACY:**

I understand that, if I am employed, I will be subject to discharge regardless of length of employment, if it is determined by The Town of Lancaster that any of the information I have given in this application is false or incorrect, or if I have failed to give any information herein requested.

Signature: \_\_\_\_\_

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