



## AVAILABILITY

*\*Time off requests are not necessarily granted or guaranteed. This information is mainly used for scheduling purposes.  
\*Please note that requesting time off AFTER you are hired could be grounds for dismissal or loss of hours.*

DATES YOU ARE AVAILABLE TO WORK: START DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

IF EMPLOYED, WILL YOU NEED TIME OFF FOR A VACATION OR ANY OTHER REASON? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, GIVE DATES: \_\_\_\_\_ REASON FOR TIME OFF: \_\_\_\_\_

IF EMPLOYED AT THE POOL: ARE YOU AVAILABLE TO WORK AUGUST 10-SEPTEMBER 2? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU PLAY A FALL SPORT? YES \_\_\_\_\_ (Sport: \_\_\_\_\_) NO \_\_\_\_\_

## EMPLOYMENT & BUSINESS EXPERIENCE

Indicate all full and part-time, summer, military and volunteer work. List most recent job first.

NAME & ADDRESS OF EMPLOYER	NATURE OF WORK	REASON FOR LEAVING	HOURS PER WEEK	DATE FROM/TO MO. /YR.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

## EDUCATION

*Includes all periods of schooling. List most recent first.*

NAME & ADDRESS OF H.S., COLLEGE OR OTHER SCHOOLS	MAJOR FIELD	ENTERING GRADE _____ IN SEPTEMBER 2020
1. _____	_____	_____
2. _____	_____	_____

## REFERENCES

*Include personal and professional. Students (under age 18) please provide 1 school related reference.*

NAME	E-MAIL ADDRESS	PHONE #	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**As an applicant you agree to and understand the following:**

1. Employment is conditional until information given by you has been verified.
2. You must meet minimum age requirements of applicable laws.
3. Your eligibility for a pension is based on requirements set forth in the New York State Retirement Plan, the provisions of which will be described to you upon your employment. Additionally, if you do not satisfy the service and age requirements provided by the Plan, you will not be eligible to receive a pension.
4. The Town may conduct investigations including a background check and verification of prior employment history and education. By signing this application you authorize the Town to make these investigations, and you indicate your awareness that false statements or failures to disclose information may be sufficient to disqualify you for employment, or if employed may result in your dismissal.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return by March 1, 2020 to: Town of Bethlehem Parks & Recreation Department, 261 Elm Avenue, Delmar, NY 12054**

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED: \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_