

SEASONAL EMPLOYMENT APPLICATION

Department of Parks and Recreation 8220 Loop Road Baldwinsville, New York 13027

315-635-5999

parks@townoflysander.org

Name										
First	N	1iddle			Last	Last				
Address										
Street Address										
City				State						
Zip Code				Country	Country					
County				Town of Residence	Town of Residence					
Cell Phone Number				Email Address	Email Address					
Referred by:										
Position applying for (Please check all position	itions of interest)									
Park Attendant	F	Recreation A	ttendant		Recreation Leader					
Date Available										
Start Date:	urt Date:					End Date:				
Do you have a valid Driver's Lice	ense? Will yo	ou be 16 yea	ars of ag	e or older as of Ap	oril 1 of the curre	nt year? Yes	No			
Yes No	Will y	ou be 18 yea	ars of ag	e or older as of Ap	oril 1 of the curre	nt year? Yes	No			
Have you ever been dismissed or	resigned in li	ieu of dismis	ssal fron	n any public emplo	yment due to dis	ciplinary reasons	?			
Yes				No						
Education	Years	Grad	luated			Type of Degree				
(If necessary, attach additional sheets)	Completed	1	idated	Studies	Received	Received	Received			
Name of High School or Equivalency		Yes	No							
				XXX	XXX	XXX	XXX			
Name of College, University, Professional or Technical School										
Name of Other Schools or Special Courses										

Notices Note: Address to the control of the control	Experience: You must complete this section whether or not you submit a resume. Describe any employment, volunteer hours, or military service that qualifies you for the position sought. If necessary, attach additional sheets.										
Because Name Adulton Professional Doc-Stock Doc-Stock	Business Name	Address		Position Held		Supervisor's Name	Telephone Number				
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