



Town of Gates
Recreation and Parks Department

1605 Buffalo Road, Rochester, New York 14624
Phone: 585-247-6100 Fax: 585-247-1220

Town Supervisor
Cosmo A. Giunta

Town Board
Lee A. Cordero
Christopher B. DiPonzio
Andrew M. Loughlin
Steve Tucciarello

Recreation & Parks Director
Daniel Hoock

RECREATION & PARKS DEPARTMENT
APPLICATION FOR EMPLOYMENT
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

OFFICE USE
Date Received
Interview Date
Interview Time

PERSONAL INFORMATION:

Name: Last First Middle Initial Application Date:
Home Address: City: Zip:
Cell Phone: Alt. Phone: E-Mail Address

Please indicate by checking appropriate box
18 years of age or older
16 - 17 years of age (do you have working papers?)
Under 16 years of age (You must be at least 16 years of age to obtain paid employment with the Gates Recreation and Parks Department)

Do you have a valid New York State Driver's License? If yes, what class?

Have you ever been convicted of or have pending action against you for any violation of the law?
**An answer of yes to this question does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying.

If yes, when and where?

Have you, or any relatives, ever worked for the Town before?
If yes, please list those relatives

POSITION APPLYING FOR: Please check all that apply:

Paid Staff Member: Full-time General Part-time Summer Programs
Un-paid Staff Member: General Volunteer Internship Summer Program Volunteer
Area(s) of Interest: Office/clerical Parks maintenance/operation Vehicle driver Park Patrol
General Recreation Program/Special Events Senior Programs Youth Programs Summer Camp
Starting Date Available: Indicate days & hours available: Days Evenings Weekends Only
T-Shirt Size: Small Medium Large X-Large 2X-Large

Briefly list other experience, skills, certifications, and/or specialized training you have which might have a bearing on this application.

Horizontal lines for listing other experience, skills, certifications, and/or specialized training.

EDUCATION:

School Name	Name and Address	From	To	Date Graduated or Expected	Course of Study Diplomas/Degree
High School/GED					
College/Business School					
Graduate School (Trade, Technical, Other)					

Are you currently certified in ___ First Aid or ___ CPR? If yes list type, level completed and expiration dates:

Briefly describe any experience (paid or volunteer) working with young children, adults or the elderly.

Please list any activities you could organize and teach, or assist in teaching, to a group.

EMPLOYMENT HISTORY:

Please start with most recent employer (Note: Please complete a second EMPLOYMENT HISTORY page, if you have additional employment history that you would like taken into consideration.)

Name of Employer & Address:	Supervisor's Name, Title & Telephone#:
	Dates employed: From / / To / /
Your Position Title:	Reason for leaving:
Describe work performed:	
Name of Employer & Address:	Supervisor's Name, Title & Telephone#:
	Dates employed: From / / To / /
Your Position Title:	Reason for leaving:
Describe work performed:	

We may contact employers listed above unless you indicate those you do not want us to contact.

Do not contact the following employer(s):	Reason:

REFERENCES:

Please list 3 people **who are not related to you** and who are familiar with your qualifications for employment:

**Coaches, Teachers, Counselors, Neighbors, co-workers, etc

Name	Address (street, town, zip code)	Telephone	E-Mail	Relationship
1.				
2.				
3.				

IMPORTANT – PLEASE READ AND SIGN:

I hereby declare the information provided by me in this APPLICATION FOR EMPLOYMENT is true, correct, and complete to the best of my knowledge. I understand that no contract for employment is created by this application. I also understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying information to the Town, and I also release the Town of Gates from all liability that might result from making an investigation.

I further understand employment with Gates Recreation and Parks Department is contingent upon successful completion of a background check and providing the documents needed to prove my identity and eligibility to work in the United States.

Signature _____ Date _____

The Town of Gates is an Equal Opportunity Employer. The Town of Gates prohibits discrimination on basis of Age, Sex, Race, Creed, Color, National Origin, Disability, Marital Status, or Sexual Orientation.

PLEASE RETURN THIS APPLICATION TO:

GATES RECREATION AND PARKS DEPARTMENT, 1605 BUFFALO ROAD, ROCHESTER, NY 14624

OFFICE USE ONLY

Interview Date _____	References Checked _____	Background Check _____
Commission Approval _____	Position _____	Rate of Pay _____
Date Job Offered _____	Accepted Declined	Start Date _____