



Town of Gates
Recreation and Parks Department
 1605 Buffalo Road, Rochester, New York 14624
 Phone: 585-247-6100 Fax: 585-247-1220

Town Supervisor
 Mark W. Assini

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: _____ Application Date: _____
 Last First Middle Initial
 Home Address: _____ City: _____ Zip: _____
 Temporary Address: _____ City: _____ Zip: _____
 Phone Number: () _____ Alternate 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? yes no
 Under 16 years of age (You must be at least 16 years of age to obtain paid employment with Gates Recreation and Parks Department)

Are you legally eligibility to be employed in the United States? yes no
 (Proof of identity and eligibility will be required upon employment.)

Do you have a valid New York State Driver’s License? yes no If yes, what class? _____

Have you ever been convicted of or have pending action against you for any violation of the law? yes no

If yes, when and where? _____

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.

Have you ever worked for the Town before? yes no

POSITION APPLYING FOR:

Please check all that apply:

Paid Staff Member: Full-time General Part-time Summer Contractual

Un-paid Staff Member: General Volunteer Internship

Area(s) of Interest: Office/clerical Recreation programs Parks maintenance/operation Vehicle driver

Starting Date Available: _____ Indicate days & hours available: Days Evenings Weekends

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

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:

REFERENCES:

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

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 _____