

Application for Summer Employment 2014

EARLY RETURN OF THIS APPLICATION IS SUGGESTED.

The minimum age for employment is 16.

Complete both sides of this application and return to:

Playland Park
Playland Parkway
Rye, New York 10580
Attn: Human Resources Department

Personal Information

Last		First		Middle	Social Security #
Name:					/ /
No. Street		City State		Zip	Tel. # ()
Address:					Cell # ()
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Westchester County resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-mail address:	
If not, age? _____ Minimum age for hire: 16					

Education

	Name & Location	Attendance Dates	Course or Major	Date Degree Received/Expected
High School				
College or Business School				
Graduate or Professional School				

Certificates or Special Training:

Employment History
(Last 5 Years)

Name & Location of Employer	From Mo./Yr.	To Mo./Yr.	Type of Work or Position	Salary	Reason for Leaving

Have you worked for Westchester County Government before? ☐ Yes ☐ No Which Department: _____

Reason for leaving: _____

In addition to English, are you fluent in any other language? ☐ Yes ☐ No If yes, specify: _____

Do you have any computer skills?

☐ Yes ☐ No

If yes, please specify: _____

Keyboarding Skills?

☐ Yes ☐ No _____ WPM?

Can you operate any other equipment?

☐ Yes ☐ No

If yes, specify: _____

Place a "1" next to your 1st choice ❖ a "2" next to your 2nd choice ❖ a "3" next to your 3rd choice

- | | | |
|----------------------------------|-------------------------------|-----------------------------------|
| 1. Cashier _____ | 6. Restroom Attendant _____ | 11. EMT _____ |
| 2. Ride Operator _____ | 7. Beach/Pool Attendant _____ | 12. Management _____ |
| 3. Kiddyland Operator _____ | 8. Maintenance _____ | 13. Office Clerk _____ |
| 4. Sweeper/Garbo Attendant _____ | 9. Guest Services _____ | 14. Other (please indicate) _____ |
| 5. Ride Attendant _____ | 10. Lifeguard _____ | |

Dates available to work: from _____ to _____

Mo./Day Mo./Day

Do you have a Driver's License?

☐ Yes ☐ No Type: _____

Availability

Which months are you available to work weekends?

April ☐ Yes ☐ No May ☐ Yes ☐ No June ☐ Yes ☐ No July ☐ Yes ☐ No August ☐ Yes ☐ No

I am available to begin working every day beginning on April _____ May _____ June _____ July _____ August _____

Can you work?					
Saturdays	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sundays	<input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weekdays	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evenings	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List hours and days you are available to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From (time)							
To (time)							

Where did you hear about this program/job? _____

Comments: _____

- | | | |
|--|-----------|----------|
| 1. WERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS? | YES _____ | NO _____ |
| 2. DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL? | YES _____ | NO _____ |
| 3. DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES WHICH WAS OTHER THAN HONORABLE, OR WHICH WAS ISSUED FOR OTHER THAN HONORABLE CIRCUMSTANCES? | YES _____ | NO _____ |
| 4. HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? (GIVE DETAILS) | YES _____ | NO _____ |
| 5. HAVE YOU EVER FORFEITED A BAIL BOND POSTED TO ANSWER ANY CRIMINAL CHARGE? (GIVE DETAILS) | YES _____ | NO _____ |
| 6. ARE YOU NOW UNDER CHARGES FOR ANY CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? (GIVE DETAILS) | YES _____ | NO _____ |

IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE, YOU MUST GIVE SPECIFICS. ATTACH ADDITIONAL 8 ½ X 11 SHEET.

ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK.

THIS AFFIRMATION MUST BE COMPLETED: I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.) This application may be used for review by the prospective appointing authority as part of a background investigation.

PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

By accepting employment with the County of Westchester, I hereby agree to submit to any and all forms of drug testing (such as urinalysis, breath and/or blood testing) as a condition of Seasonal Employment with Westchester County in accordance with Westchester County's Comprehensive Drug-Free Workplace Policy & Procedures. If applicable, if offered employment, you additionally will be subject to the Westchester County fingerprinting policy under which your appointment may be conditioned on the results of a fingerprinting investigation.

DATE: _____ APPLICANT'S SIGNATURE: _____

IF UNDER AGE 18, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED

"I have read my child's/ward's completed application form and hereby give my permission for him/her to be hired by Westchester County for the purpose of Seasonal Employment and I further give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Westchester County Department of Human Resources, and upon receipt by the Dept. of Human Resources of said revocation my child's/ward's employment shall be terminated".

By my signature below, I hereby give my permission for _____ to submit to any and all forms of drug testing (such as urinalysis, breath, and/or blood testing) as a condition of Seasonal Employment with Westchester County in accordance with Westchester County's Comprehensive Drug-Free Workplace Policy & Procedures.

DATE: _____ SIGNATURE of PARENT or GUARDIAN: _____



ROBERT P. ASTORINO, County Executive

The County of Westchester is an Equal Opportunity Employer.

Playland Park Employment Verification Request

Dear Applicant:

Please complete the following information. If you have no employment history, please complete the "Additional References" information.

Name of Individual: _____

SSN: _____ - _____ - _____

Previous Employers:

1.	_____ Name	_____ Phone Number	_____ From Mo./Yr.	_____ To Mo./Yr.	_____ Reason for Leaving
2.	_____ Name	_____ Phone Number	_____ From Mo./Yr.	_____ To Mo./Yr.	_____ Reason for Leaving

Previous School(s):

3.	_____ Name	_____ Phone Number	_____ From Mo./Yr.	_____ To Mo./Yr.	_____ Reason for Leaving
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Additional References:

If you do not have any previous employment, please list three personal references. These references can either be from places of worship, youth groups, teachers and/or guidance counselors.

1.	_____ Name	_____ Phone Number	_____ Relationship to applicant
2.	_____ Name	_____ Phone Number	_____ Relationship to applicant
2.	_____ Name	_____ Phone Number	_____ Relationship to applicant

I, _____, hereby authorize my current or former employer, school, college and/or
(print name)
personal reference to provide Playland with information and documentation concerning my application for employment. Such information/documentation may include, but is not limited to, the information stated above.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY APPLICANT'S FORMER EMPLOYERS

This form may be copied as needed.

Playland
Human Resources Department
Playland Parkway
Rye, NY 10580
914-813-7010 (Phone)
914-813-7055 (Fax)

Name of Individual: _____

SSN: _____ - _____ - _____

Dear Employer:

Please answer the following questions regarding employment of the individual named above with your company. Kindly fill out the information and fax to the number listed above. If you require additional information, please do not hesitate to contact us. Your help is greatly appreciated.

	<u>Above Average</u>	<u>Below Average</u>	<u>Average</u>
Ability	_____	_____	_____
Attendance	_____	_____	_____
Punctuality	_____	_____	_____
Productivity	_____	_____	_____
Dates of employment	From: _____	To: _____	
Would you re-hire?	Yes _____	No _____, If no why? _____	
Reason Employment Ended:	_____		
Additional information:	_____		

Representative Name: _____

Title: _____

Representative Signature: _____

Date: _____