



Town of Brunswick

Summer Program Employment Application

Applicants must be 15 years old or older by June 28, 2017.

Age 15 – 17 attach a copy of working papers.

Age 18 attach a copy of birth certificate

NOTE: 15 Year Old employees are limited to the Gate and Boat positions at the Town Beach Only.

Please attach copies of CPR, First Aid, Lifeguard, Lifeguard Management, and Water Safety Instructor Certifications.

Positions

(Please check the position you're applying for)

Camp Counselor

Town Beach: Maintenance Worker, Gate Guard

Lifeguard

Name (Last, First Middle) _____ Social Security # _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

If under 18 Years of Age:

Parent/Guardian Name: _____ Relationship: _____ Contact #: _____

State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application:

	Name of:	Year	Months
City of Village of:			
Town of:			
County of:			
State of:			
Name of School District			

Check the appropriate box to the right of each question:

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 an employment rather than face dismissal? Yes No
3. Have you ever been convicted of any crime (felony or misdemeanor)? Yes No
4. Are you now under charges for any crime? Yes No
5. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charges? Yes No

If you answered "Yes" to any of the questions 1 – 5, attach an additional sheet giving complete details.

None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merit in relation to the duties and responsibilities of the position(s) for which you are applying.

Are you currently a U. S. Citizen? Yes No

Service In Armed Forces

1. Have you ever served in the armed forces of the US? Yes No
2. Date of entry into active service: _____
3. Date of discharge: _____
4. Service serial number: _____

Religious Accommodation

1. Are you a Handicapped Person, requiring special arrangements? Yes No

The New York State of Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability or marital status accordingly. Nothing in this application form should be viewed as expressing directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, disability or marital status in connection with employment under the jurisdiction of the Town of Brunswick.

Education

1. Have you received a High School Diploma? Yes No
2. If yes, Name and Location of High School:
3. If no, have you received a General Equivalency Diploma (G.E.D.)? Yes No

If you have a high school equivalency diploma, indicate issuing Governmental Agency.

Number: _____

Date of Issue: _____

Education above High School Level

Name of School	Location	Course or Major	Credit Completed	Degree/Certif. Recv'd
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

License/Certification

1. Do you have a license, certification, or other authorization to practice a trade or Profession? Yes No
2. If yes, is the certification permanent? Yes No

Name of trade or profession: _____ License/Certificate Number: _____

Licensing Agency: _____ Licensed from: _____ To: _____

Experience

Describe under the heading given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position and as far as possible every other employment including service beginning with your most recent employment and work backward consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed.

Length of Employment: From _____ To _____ Firm Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Type of Business: _____ Your Title: _____

Immediate Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____ Salary: _____ Hours per Week: _____

Length of Employment: From _____ To _____ Firm Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Type of Business: _____ Your Title: _____

Immediate Supervisor: _____

Description of Duties: _____

Reason for Leaving: _____ Salary: _____ Hours per Week: _____

Emergency Sheet

Name of Immediate Family: _____

In Case of an emergency, please contact the following:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ (Specify) _____

Secondary Emergency Contact

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____ (Specify) _____

Medical Contact

Physician: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Allergies/Medical Conditions

Please list any allergies that you may have:

Please note any special medical conditions and/or special medical instructions:

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant

Date