## SUMMER RECREATION PRELIMINARY APPLICATION

Please print. Fill out the application as accurately and completely as possible.

Name: LAST FIRST MIDDLE  Street Address: Gity State Zip  Phone _// Social Security No  Are you under 18 or over 70 years of age? YES NO  Year you graduated or will graduate from high school:  Describe all duties including the following information:  1) All experience which tends to qualify you for the job. 2) Nature of the work personally performed by you. 3 Estimate the time you spend on each duty. 4) The number of individuals supervised. 5) The extent of such supervision. NOTE: Voluntary experience is acceptable as qualifying you for the job. Please complete the s. way as paid employment, noting the voluntary experience. If your title or job has changed materially in the course of service, note as separate employment.  Business: Phone: _/  Address: State: Zip:  Type of Business: Your title:  Description of duties: Phone: _/  Address: State: Zip:  Type of Business: Your title:  Description of duties: Your title:  Type of Business: Your title:  Length of employment: Title:  Type of Business: Your title:  Description of duties: Title:  Description of duties: Title:	Title of position applying for:					
Phone/ Social Security No	Name:LAST	FIRS	 ST			MIDDLE
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Address:       Zip:	Estimate the time you spend on each duty. supervision. NOTE: Voluntary experience way as paid employment, noting the volunt	4) The num is acceptabl tary experie	nber of in le as qual	dividuals s ifying you	upervised. 5 for the job. I	5) The extent of such Please complete the same
Type of Business:         Your title:           Name of Supervisor:	Business:	Phone: _	_/			
Name of Supervisor:	Address: State:	Zip: _				
Length of employment:	Type of Business:	Your title:				
Description of duties:	Name of Supervisor:		Title:			_
Business: Phone:/  Address: State: Zip:  Type of Business: Your title:  Name of Supervisor: Title:  Length of employment: to	Length of employment:	_ to				
Address: State: Zip:  Type of Business: Your title:  Name of Supervisor: Title:  Length of employment: to	Description of duties:					
Type of Business: Your title:  Name of Supervisor: Title:  Length of employment: to	Business:	Phone: _	/			
Name of Supervisor: Title:  Length of employment: to	Address: State:	Zip: _				
Length of employment: to	Type of Business:	Your title:				
	Name of Supervisor:		Title:			_
Description of duties:	Length of employment:	_ to				
	Description of duties:					

Other experiences pertinent to this job:		
Business:	Phone: ()	
Address:	State: ZIP:	
Type of Business:	Your title:	
Name of Supervisor:	Title:	
Length of employment: to	<u> </u>	
Description of duties:		
Business:	Phone: ()	
Address:	State: ZIP:	
Type of Business:	Your title:	
Name of Supervisor:	Title:	
Length of employment: to	_	
Description of duties:		
Skills in Sports/Recreation: Indicate any special skills you have that would enhance hobbies, etc.	e the summer recreation progra	m; i.e., arts & crafts,
List any sports which you are proficient at:; indicate th	ne number of years which you ha	ave participated:
Indicate any coaching experience you have:		

Please indicate any you currently possess & their expiration date:				
Standard First Aid Expiration Date: CPR for the Professional Rescuer Expiration Date: Lifeguard Candidate Training Expiration Date: Instructor Candidate Training Expiration Date: NOTE: ALL CANDIDATES POSSESSING CERTIFICATION MUST SUBMIT A COPY OF THE CERTITICATION WITH THIS APPLICATION. IF YOU ARE PRESENTLY OBTAINING CERTIFICATION, PLEASE INDICATE WHEN YOU EXPECT TO FINISH YOUR COURSEWORK.				
REFERENCES:  Please list three (3) references and include: name, address, telephone no. and the number of years you've been acquainted. (OTHER THAN RELATIVES).				
1)				
(PHONE)				
2)				
(PHONE)				
3)				
(PHONE)				
COLLEGE/UNIVERSITY: Are you currently enrolled or will be enrolling in college/university? YES NO If yes, what is your field of study?				

\*\*All candidates will be responsible for submitting the names of three (3) personal or business references.

Candidates may opt to submit an additional essay explaining specifically why he/she would make a good summer employee.

## \*DEADLINE FOR SUBMITTING APPLICATIONS IS MAY 21, 2021

Please return completed application to: City of Lockport

At what college/university are you enrolled and give its location:

When would you be available to begin work? \_\_\_\_\_

CERTIFICATION:

Department of Civil Service One Locks Plaza, Room M-11 Lockport NY 14094