SUMMER RECREATION PRELIMINARY APPLICATION

<u>Please print</u>. Fill out the application as accurately and completely as possible.

Title of position applying for:				
Name:LAST	FIRST			MIDDLE
Street Address:	City	State	_Zip	
Phone// Are you under 2	18 or over 70 yea	ars of age? YES _	NO	
Year you graduated or will graduate from high	school:	_		
Describe all duties including the following info	ormation:			
 All experience which tends to qualify you f Estimate the time you spend on each duty. supervision. NOTE: Voluntary experience way as paid employment, noting the volun course of service, note as separate employ 	4) The number is acceptable as tary experience.	of individuals su qualifying you fo	pervised. 5) T r the job. Plea	he extent of such se complete the same
Business:	Phone:/			
Address: State:	Zip:			
Type of Business:	Your title:			
Name of Supervisor:	Titl	le:		
Length of employment:	to			
Description of duties:				
Business:	Phone:/			
Address: State:	Zip:			
Type of Business:	Your title:			

Name of Supervisor:	Title:
-	
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		
Description of duties:		_
Business:	Phone: ()	
Address:	State: ZIP:	_
Type of Business:	Your title:	
Name of Supervisor:	Title:	
Length of employment: to		
Description of duties:		
<u>Skills in Sports/Recreation:</u> Indicate any special skills you have that would enha hobbies, etc.	ance the summer recreation program	; i.e., arts & crafts,
List any sports which you are proficient at:; indicate	e the number of years which you have	e 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?		
At what college/university are you enrolled and give its location:		

**<u>All candidates will be responsible for submitting the names of three (3) personal or business references.</u> <u>Candidates may opt to submit an additional essay explaining specifically why he/she would make a good summer</u> <u>employee.</u>

Please return completed application to:

City of Lockport Department of Civil Service Attn: Mary Pat Filbert One Locks Plaza, Room M-11 Lockport NY 14094

APPLICATION DEADLINE: APRIL 30, 2024