## SUMMER RECREATION PRELIMINARY APPLICATION

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

Title of position applying for:					_
Name:LAST	FIRS	 T			MIDDLE
Street Address:	City	<i></i>	State	Zip	_
Phone// Are you under 1	18 or over 70	) years of	age? YES_	NO	
Year you graduated or will graduate from high	school:				
Describe all duties including the following info	rmation:				
1) All experience which tends to qualify you for Estimate the time you spend on each duty. supervision. NOTE: Voluntary experience way as paid employment, noting the volunt course of service, note as separate employment.	4) The num is acceptable tary experien	ber of ind e as qualif	lividuals su fying you fo	pervised. 5) or the job. Pl	The extent of such ease complete the same
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:					

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:		
Address:		
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 the hobbies, etc.	ne summer recreation program; i.e., arts & crafts,	
List any sports which you are proficient at:; indicate the n	umber of years which you have participated:	
Indicate any coaching experience you have:		

<b>CERTIFICATION:</b>

Please i	ndicate any you currently possess &	their expiration date:		
CPR for Lifegua	rd First Aid the Professional Rescuer rd Candidate Training tor Candidate Training	Expiration Date: Expiration Date: Expiration Date: Expiration Date:		
<b>CERTI</b>		SING CERTIFICATION MUST SUBMIT A COPY OF THE ON. IF YOU ARE PRESENTLY OBTAINING CERTIFICATION, PLEASE I YOUR COURSEWORK.		
<u> </u>	RENCES:  ist three (3) references and include:	name, address, telephone no. and the number of years you've been		
	ited. (OTHER THAN RELATIVES).			
1)		-		
		(PHONE)		
2)		-		
		(PHONE)		
3)		-		
		(PHONE)		
Are you	GE/UNIVERSITY:  I currently enrolled or will be enroll  what is your field of study?	ing in college/university? YES NO		
At what college/university are you enrolled and give its location:				

\*\*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.

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**