

# SUMMER RECREATION PRELIMINARY APPLICATION

**Please print. 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 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 same 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: \_\_\_\_\_

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: \_\_\_\_\_ 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 the summer recreation program; i.e., arts & crafts, hobbies, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any sports which you are proficient at;; indicate the number of years which you have participated:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate any coaching experience you have:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION:

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 CERTIFICATION 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: \_\_\_\_\_

**\*\*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**