



NORTH EAST WESTCHESTER SPECIAL RECREATION

63 Bradhurst Avenue, Hawthorne, New York 10532

914-347-4409

Fax 914-347-5054

APPLICATION FOR EMPLOYMENT

P	Last Name	First	Middle	Home Telephone ()
E	Street Address			Business Telephone ()
R	City, State, Zip			Cell #: ()
S	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and year _____ Location _____			Emergency Contact: ()
O	Position Desired:			Emergency Phone #: ()
N				Social Security #:
A	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work _____			If under age 18, indicate Working Paper #:
L	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____

E D	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
U C	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
A T	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
I O	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
N	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION: Check all that apply: List expiration dates:

- CPR (specify what kind) _____
 - First Aid (specify what kind) _____
 - Lifeguard Training (LGT) _____
 - Waterfront Lifeguard Module (WFLG) _____
 - Water Safety Instructor (WSI) _____
 - Instructor Courses (please specify) _____
 - Adaptive Aquatics _____
 - Special Olympics Coach (please specify sport) _____
- Professional Registrations/Certifications: _____

HOBBIES AND SPECIAL INTERESTS:

Please list any hobbies or special interests below. If you have experience teaching your hobby indicate this as well.

BUS DRIVER APPLICANTS ONLY:

License Number: _____ Expiration Date: _____

Class: _____ Endorsements: _____ Restrictions: _____

List all moving violations and dates within the past three years: _____

