

# Application for Eden Recreation Employment

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**On or before June 15<sup>th</sup>** will you be 18 years of age or older? Yes  No

will you be 16 to 17 years of age? Yes  No

will you be 14 to 15 years of age? Yes  No

Are you a previous Eden Recreation Employee? Yes  No

Number of years: \_\_\_\_\_ Position: \_\_\_\_\_

**Position Desired (please indicate one first choice and one second choice)**

	FIRST CHOICE	SECOND CHOICE
<i>Playground Leader</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Playground Assistant</i>	<input type="checkbox"/>	<input type="checkbox"/>

For the above positions please indicate which location you would like to work:

Elementary Gorcica Flower

	FIRST CHOICE	SECOND CHOICE
<i>Grounds and Maintenance</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Sports Instruction</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mini-Day Camp Leader</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Mini-Day Camp Assistant</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Swimming Instructor</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Swimming Lifeguard</i>	<input type="checkbox"/>	<input type="checkbox"/>

\*\*Swimming instructors and lifeguards must attach a Red Cross Water Safety Certification to this application. (PDF only)

**Would you be interested in Early Arrival program (7:30am-9am)?** Yes  No

**Do you have a valid driver's license?** Yes  No

**Explain briefly your interest in your choice:**

Click to enter text.

**Please describe any previous experience and/or training for the positions desired:**

Click to enter text.

**Select the highest level of education completed by June 15<sup>th</sup>:**

Choose an item.

**Are you interested in other Recreation job opportunities throughout the year?  
Such as Youth Activity night and Family night swim.**

Yes

No

**Previous work Experience:**

**Job #1** Title: \_\_\_\_\_ Duration at Job: \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Contact phone number:** \_\_\_\_\_

**Job #2** Title: \_\_\_\_\_ Duration at Job: \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Contact phone number:** \_\_\_\_\_

**References:**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Please describe any personal interests or volunteer activities:**

Click to enter text.

**Please describe any experiences with Eden Recreation programs:**

**(as a participant, employee etc.)**

Click to enter text.

**“I would make a GREAT Eden Recreation employee because.....”**

Click to enter text.

**\*If you are unable to commit to the entire season as listed above, please put your exceptions below (missing a day for a college visit):**

Click to enter text.

**Please attach any other information (resume, former employee recommendation, accreditation, etc. that you would like us to consider as part of this application) (PDF Only):**

Click to enter text.

**I hereby affirm that the above information is true and accurate**

**Signature:** Click here to type your name

**Date:** Click here to enter date.

**Please save a copy of this application to your computer. Email the completed application to Amy Porter at [amy@edenny.gov](mailto:amy@edenny.gov) by March 1<sup>st</sup>. The application can also be dropped off at the Town Clerk’s office or mailed to Eden Recreation, 2795 E. Church St., Eden, NY 14057. If you have any questions please call 992-3408.**