

Application for Eden Recreation Employment

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

On or before June 15th 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) The certification can also be emailed to marlene@edenny.gov.

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:

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

Select the highest level of education completed by June 15th:

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:

Please describe any experiences with Eden Recreation programs:

(as a participant, employee etc.)

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

***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):**

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):

I hereby affirm that the above information is true and accurate

Signature:

Date:

Please save a copy of this application to your computer. If you have trouble submitting this application or would like to print it the completed application can be emailed to Marlene at marlene@edenny.gov by February 15th. 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 opt. 1.