

## **Application for Employment**

First Name:	Name:	
Address:		
		Zip:
Phone Number:	Email	l:
Are you 18 years of ag	ge or older? Yes 🗌 N	lo 🗆
Have you previously v	worked for Eden Recre	eation? Yes 🗆 No 🗆
Number of years:	Position:	
Do you have a valid d	river's license?	Yes □ No □
Please describe any p desired:	revious experience an	nd/or training for the positions
		ve completed:
Previous work Experie	ence:	
Job #1 Title:	Start Dat	te: End Date:
Duties:	<del>-</del>	
		ct phone number:

Job #2 Title:		Start Date:	End Date:		
Duties:					
	Contact phone number:				
Job #3 Title:	Start Date: End Date:				
Duties:					
	Contact phone number:				
References:					
First Name:	Last Name:				
Street Address:					
City:	St	ate: Zip Code: _			
Phone Number:		Relationship:			
First Name:	Last Name:				
Street Address:					
City:	State:	Zip Co	ode:		
Phone Number:	Relationship:				
Please describe any per	sonal interests	or volunteer activities:			
"I would make a GREAT	Eden Recreation	on employee because"			

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):

hereby affirm that the above information is true and accurate
Name:
Signature:
Date:

Please submit applications by December 22<sup>nd</sup> to: <a href="mailto:admin@edenny.gov">admin@edenny.gov</a>, mail to: Eden Recreation, 2795 E. Church St., Eden, NY 14057, or dropped off at the Eden Town Clerk's office located at 2795 E. Church St., Eden, NY 14057.