

Application for Employment

First Name:	Last Name:			
Address:				
City:	State:	Zip:		
Phone Number: Email:				
On or before June 15 th	will you be 18 years o	of age or older? Yes □No □		
	will you be 16 to 17 years of age? Yes \square No \square will you be 14 to 15 years of age? Yes \square No \square			
Have you previously we	orked for Eden Recr	eation? Yes 🗆 No 🗆		
Number of years:	Position:			
Position Desired (Check	call positions you a	re interested in):		
Playground Leader				
Playground Assistant				
Playground Counselor				
Mini-Day Camp Leader				
Mini-Day Camp Assista	nt			
Sports Instruction				
Grounds and Maintena	nce			

Swimming Instructor				
Swimming Lifeguard				
**Swimming instructors and with this application or ema	= -	Cross Water Safety Certification		
Would you be intereste	d in Early Arrival program	(7:30am-9am)? Yes□ No□		
Do you have a valid driv	ver's license? Yes □	□ No □		
Please describe any pre desired:	vious experience and/or to	raining for the positions		
What is the highest leve	el of education you've com	npleted:		
Previous work Experien				
Job #1 Title:	Start Date:	End Date:		
Duties:				
		e number:		
Job #2 Title:	Start Date:	End Date:		
Duties:				
Employer:				
References:				
First Name:	Last Name:			
Street Address:				
City	State: 7in (Code:		

Phone Number:	Relationship: _	
First Name:	Last Name:	
Street Address:		
City:	State:	Zip Code:
Phone Number:	Relationship:	
, ,	onal interests and volunteer activ	
	Eden Recreation employee becaus	se"
	nformation (resume, former emp ou would like us to consider as pa	
I hereby affirm that the a	above information is true and accu	urate
Name:		
Signature:		
Date:		
Please submit application	ns by February 16 th to: admin@ed	enny.gov. mail to: Eden Recreation.

Please submit applications by February 16th to: admin@edenny.gov, 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.