

**TOWN OF LYSANDER PARKS & RECREATION DEPARTMENT
SEASONAL EMPLOYMENT APPLICATION**

Full Legal Name: _____
(Do Not use a Nickname)

PHONE NUMBER: _____

ADDRESS: _____

CELL PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ T-SHIRT SIZE: _____

EMAIL: _____

POSITION APPLYING FOR:

Park Attendant Park Laborer Other: _____

EDUCATION: High School: _____ Highest Grade Completed: _____

College: _____ Type of Degree: _____ Year: _____

PREVIOUS EMPLOYMENT: Can we contact your previous employer? Yes No

Business	Phone #	Position Held	Supervisor	Date Left/Reason

LIST ANY SPECIFIC SKILLS OR CERTIFICATIONS WHICH YOU FEEL QUALIFIES YOU FOR THE POSITION YOU ARE APPLYING FOR:

HOBBIES OR TRADES:

HONORS OR AWARDS:

LIST ANY EXPERIENCES, VOLUNTEER OR OTHERWISE, WHICH RELATE TO THE POSITION YOU ARE APPLYING FOR:

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Harassment: The Town's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious and other forms of harassment. Have you ever been convicted of harassment of any person including, but not limited to, workplace harassment?

Yes No

If YES, please explain: _____

Background Check: I understand that I will have a background check done and do hereby authorize the Town of Lysander to do so.

Yes No

Criminal Record: Have you ever been convicted of a crime, other than a minor traffic offense?

Yes No

If YES, please explain: _____

References Give name and addresses of three persons (not relatives) having knowledge of your character, experience, work habits and ability.

NAME	ADDRESS & CITY	PHONE #

I authorize investigation of all statements herein, including a full background check, checks of criminal records & sex abuse and release the Town and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the Town.

Signature _____	Date _____
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Mail To: Lysander Parks & Recreation
 8220 Loop Rd.
 Baldwinsville, New York 13027

E-mail: recreation@townoflysander.org