

To All Prospective Applicants:

Please read the below statements carefully before filling out the attached forms. The application for employment document is an official record of your qualifications. Please, fill these forms out using either black or blue ink (no pencil), answer all questions, and fill in all blanks. By filling out this application it does not mean you will be hired. Your employment will be based upon the Recreation Department needs, and your qualifications. You are required to set-up an appointment with the Recreation Department at (914) 949-5265, for an interview. Please return forms to the Harrison Recreation Department, 1 Heineman Place, Harrison, NY 10528.

1. **APPLICATION SHEET:** References must be filled out in full (name, address, phone number) No relatives or friends. What is acceptable are teachers, employers, doctors, spiritual leaders etc.
2. **MEDICAL FORM:** All dates of shots and any medical problems or disabilities must be explained in full detail
3. **THREE SEPARATE REFERENCE FORMS:** You must fill out and return three separate reference forms. You are required to fill out Part I on the form in full and Part II must be completed by the person providing the reference. Have them return the document to the office at the bottom of the form.

**You will be contact by the Recreation Department upon approval of your appointment by the Town Board of Harrison**

**ANY AND ALL FORMS NOT COMPLETED CORRECTLY  
WILL STALL THE INTERVIEW PROCESS**

# Application for Employment

Please Print

Town/Village of Harrison  
 1 Heineman Place  
 Harrison, NY 10528  
 914-670-3087

Equal access to programs, services and employment opportunities is available to all persons without regard to sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Applicant ID # \_\_\_\_\_

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

Telephone # ( ) \_\_\_\_\_ Cellular/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_\_ : \_\_\_\_\_ AM / PM

Home  Cellular/Other  
 May we contact you at work? .....  Yes  No

If yes, work number and best time to call:  
 ( ) \_\_\_\_\_ : \_\_\_\_\_ AM / PM

If you are under 18 and it is required, can you furnish a work permit?.....  N/A  Yes  No

If no, please explain: \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No

If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If yes, give dates: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company?.....  Yes  No

If yes, additional information may be requested. Are you lawfully authorized to work in the United States?.....  Yes  No

Date available for work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What is your desired salary range or hourly rate of pay?  
 \$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  
 Educational Co-Op  Seasonal  Temporary

Will you relocate if job requires it?  Yes  No

Will you travel if job requires it? .....  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position? ...  N/A  Yes  No

Will you work overtime if required? .....  Yes  No  
 If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes  No  Need more information about the jobs "essential functions" to respond

Driver's license number required if driving may be required in the job for which you are applying: \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company? .....  Yes  No

If yes, please explain: \_\_\_\_\_

NOTE TO RHODE ISLAND APPLICANTS: This company is subject to the state's workers' compensation laws (Chapter 29-38) unless otherwise noted below (employer to list applicable exemptions): \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following information. You may include any verified work performed on a volunteer basis.

Employer: \_\_\_\_\_  
Telephone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_  
Dates employed: Month / Year to Month / Year

Immediate supervisor and title (for most recent position held) \_\_\_\_\_  
May we contact for reference? E-mail:  
 Yes  No  Later

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

Employer: \_\_\_\_\_  
Telephone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_  
Dates employed: Month / Year to Month / Year

Immediate supervisor and title (for most recent position held) \_\_\_\_\_  
May we contact for reference? E-mail:  
 Yes  No  Later

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

Employer: \_\_\_\_\_  
Telephone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_  
Dates employed: Month / Year to Month / Year

Immediate supervisor and title (for most recent position held) \_\_\_\_\_  
May we contact for reference? E-mail:  
 Yes  No  Later

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

Employer: \_\_\_\_\_  
Telephone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_  
Dates employed: Month / Year to Month / Year

Immediate supervisor and title (for most recent position held) \_\_\_\_\_  
May we contact for reference? E-mail:  
 Yes  No  Later

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

**Employment History** (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job?.....  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Skills and Qualifications**

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

\_\_\_\_\_  
 \_\_\_\_\_

**Computer Skills** (Include software titles and level of experience, such as basic, intermediate, or advanced.)

- Word Processing \_\_\_\_\_ Level: \_\_\_\_\_  Internet \_\_\_\_\_ Level: \_\_\_\_\_
- Spreadsheet \_\_\_\_\_ Level: \_\_\_\_\_  Other \_\_\_\_\_ Level: \_\_\_\_\_
- Presentation \_\_\_\_\_ Level: \_\_\_\_\_  Other \_\_\_\_\_ Level: \_\_\_\_\_
- E-mail \_\_\_\_\_ Level: \_\_\_\_\_  Other \_\_\_\_\_ Level: \_\_\_\_\_

**Educational Background**

Starting with your most recent school attended, provide the following information.

School (include City and State)	# of Years Completed	Completed <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

**References**

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

## Related Information

When answering these questions, please exclude any information that would reveal sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? \_\_\_\_\_

List special accomplishments, publications, awards, etc. \_\_\_\_\_

List any relevant volunteer work \_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. A my personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex (including pregnancy), race, color, religion, national origin, citizenship, age, disability, genetic information, or any other protected status under applicable federal, state, or local law.

### Mandatory Employer Disclosures

Notice to Maryland applicants: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. Notice to Massachusetts applicants: It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. Notice to Rhode Island applicants: This company complies with Rhode Island law prohibiting smoking in enclosed areas within places of employment. Notice to North Dakota applicants: This company complies with North Dakota law prohibiting smoking within 20 feet of entrance and inside places of employment. Notice to Indiana applicants: This company complies with Indiana law prohibiting smoking in enclosed areas within places of employment. Notice to Illinois applicants: Please be advised pursuant to Illinois law, applicants are not obligated to disclose expunged juvenile records of adjudication, arrest, or conviction.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**COMPLYRIGHT.**

©2018 ComplyRight, Inc.

A0019

This product is designed to provide accurate and authoritative information. However, it is not a substitute for legal advice and does not provide legal opinions on any specific facts or services. The information is provided with the understanding that any person or entity involved in creating, producing or distributing this product is not liable for any damages arising out of the use or inability to use this product. You are urged to consult an attorney concerning your particular situation and any specific questions or concerns you may have.

Important note: This is approved for use by the purchaser only. This form may not be shared publicly or with third parties.





TOWN OF HARRISON  
VILLAGE OF HARRISON  
ALFRED F. SULLA, JR. MUNICIPAL BUILDING  
1 HEINEMAN PLACE  
HARRISON, NEW YORK 10528



## Application for Employment

Recreation

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.*

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

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone# ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired:

- Day Camp Counselor
- Specialist
- Director
- Lifeguard
- Other: \_\_\_\_\_

List any certifications or licenses you may have:

---

---

---

Briefly, why do you feel you would be an asset to the Harrison Recreation Department?

---

---

---

Include a brief biography (use additional paper if needed)

---

---

---

---

---

---

**FILL OUT THE FOLLOWING IF APPLYING FOR A DAY CAMP POSITION**

Check the activities that you would be capable of leading a group of children in:

- Hiking
- Nature
- Games
- Tennis
- Dancing
- Singing
- Swimming
- Baseball
- Track
- Basketball
- Volleyball
- Storytelling
- Softball
- Cooking
- Arts & Crafts
- Other \_\_\_\_\_

With what grade would you like best to work with?

- 1-2
- 3-4
- 5
- 6
- 7
- 8

- Boys
- Girls

List five (5) activities that you can do with children who are non-sports oriented: (ie, not baseball, kickball, etc)

---

---

---

---

---

List three (3) activities that you could lead for an hour on a rainy day. Specify age group that activities are for:

---

---

---



**HARRISON RECREATION DAY CAMP  
REFERENCE FORM**

**PART I (To be completed by Applicant)**

Applicants Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Name, Address & Phone of person providing reference: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**PART II (To be completed by person providing reference)**

You have been listed as one who is acquainted with the qualifications, character & ability of the applicant named above. All information will be treated with strict confidence.

**A. Basis for Ratings & Remarks:**

- 1) How long have you known applicant? \_\_\_\_\_
- 2) Do you base your ratings on a personal, business or professional relationship \_\_\_\_\_
- 3) If candidate has been employed by you, please indicate:  
 Date of Employment \_\_\_\_\_  
 Capacity in which employed \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Would you rehire? \_\_\_\_\_

**B. General Characteristics: (Check appropriate responses)**

Decision Making	No Opinion	Poor	Fair	Good	Excellent
Common sense.					
Responsibility to obligations					
Loyalty					
Cooperation					
Maturity					
Emotional stability					
Leadership qualities					
Creativity					
Reliability					
Interpersonal qualities					

**C.** If this person were an applicant for a position working with children, would you, without reservation, employ him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

**D. COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

**RETURN TO:  
 HARRISON RECREATION  
 Leo Mintzer Center  
 251 Underhill Avenue, West Harrison, NY 10604**

**THANK YOU FOR YOUR COOPERATION...**

**OFFICE USE ONLY - IF VERBAL REFERENCE** DATE RECEIVED: \_\_\_\_\_ BY WHOM: \_\_\_\_\_

RESULTS:

**HARRISON RECREATION DAY CAMP**  
**REFERENCE FORM**

**PART I (To be completed by Applicant)**

Applicants Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Name, Address & Phone of person providing reference: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**PART II (To be completed by person providing reference)**

You have been listed as one who is acquainted with the qualifications, character & ability of the applicant named above. All information will be treated with strict confidence.

**A. Basis for Ratings & Remarks:**

- 1) How long have you known applicant? \_\_\_\_\_
- 2) Do you base your ratings on a personal, business or professional relationship \_\_\_\_\_
- 3) If candidate has been employed by you, please indicate:  
Date of Employment \_\_\_\_\_  
Capacity in which employed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Would you rehire? \_\_\_\_\_

**B. General Characteristics: (Check appropriate responses)**

	No Opinion	Poor	Fair	Good	Excellent
Decision Making					
Common sense					
Responsibility to obligations					
Loyalty					
Cooperation					
Maturity					
Emotional stability					
Leadership qualities					
Creativity					
Reliability					
Interpersonal qualities					

**C.** If this person were an applicant for a position working with children, would you, without reservation, employ him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

**D. COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

**RETURN TO:**  
**HARRISON RECREATION**  
Leo Mintzer Center  
251 Underhill Avenue, West Harrison, NY 10604

THANK YOU FOR YOUR COOPERATION...

OFFICE USE ONLY - IF VERBAL REFERENCE DATE RECEIVED: \_\_\_\_\_ BY WHOM \_\_\_\_\_  
RESULTS: \_\_\_\_\_

**HARRISON RECREATION DAY CAMP**  
**REFERENCE FORM**

**PART I (To be completed by Applicant)**

Applicants Name: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Name, Address & Phone of person providing reference: \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**PART II (To be completed by person providing reference)**

You have been listed as one who is acquainted with the qualifications, character & ability of the applicant named above. All information will be treated with strict confidence.

**A. Basis for Ratings & Remarks:**

- 1) How long have you known applicant? \_\_\_\_\_
- 2) Do you base your ratings on a personal, business, or professional relationship \_\_\_\_\_
- 3) If candidate has been employed by you, please indicate:  
Date of Employment \_\_\_\_\_  
Capacity in which employed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
Would you rehire? \_\_\_\_\_

**B. General Characteristics: (Check appropriate responses)**

	No Opinion	Poor	Fair	Good	Excellent
Decision Making					
Common sense					
Responsibility to obligations					
Loyalty					
Cooperation					
Maturity					
Emotional stability					
Leadership qualities					
Creativity					
Reliability					
Interpersonal qualities					

C. If this person were an applicant for a position working with children, would you, without reservation, employ him/her? Yes \_\_\_\_\_ No \_\_\_\_\_

D. COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

**RETURN TO:**  
**HARRISON RECREATION**  
Leo Mintzer Center  
251 Underhill Avenue, West Harrison, NY 10604

THANK YOU FOR YOUR COOPERATION...

OFFICE USE ONLY - IF VERBAL REFERENCE DATE RECEIVED: \_\_\_\_\_ BY WHOM \_\_\_\_\_  
RESULTS: \_\_\_\_\_

HARRISON RECREATION  
SUMMER EMPLOYEE

MEDICAL FORM

This information is **REQUIRED** by the New York State Health Department.

**PLEASE NOTE: UNDER 34 YEARS MUST HAVE LIVE MEASLES  
BOOSTER SHOT BEFORE ABLE TO WORK...**

Name \_\_\_\_\_

Your Last Name if Different \_\_\_\_\_

Grade (In Fall) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Parent's Work # \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_

Date of Birth \_\_\_\_\_

Medical History -- Immunization Record  
(required by N.Y. State Law)

Please list EXACT dates, ex. 3/20/63 and

Attached Immunization Record with Doctor's stamp

1. Diphtheria/Tetanus Toxoid (4doses) Dates \_\_\_\_\_
2. Oral Polio Vaccine (3 or more doses) Dates \_\_\_\_\_
3. Live Measles Vaccine (2 doses) Dates \_\_\_\_\_ **MUST HAVE**
4. Live Rubella Vaccine (1 dose) Date \_\_\_\_\_
5. Live Mumps Vaccine (1 dose) Date \_\_\_\_\_

**ALLERGIES, MEDICAL PROBLEMS, SPECIAL DIET, RESTRICTION ON**

**ACTIVITY:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_