Village of Williamsville, 5565 Main Street, Williamsville, NY 14221

Fax - 716-632-4120, hit "0", FAX 716-632-6009, Email - <u>kpoules@village.williamsville.ny.us</u> *Phone - 716-632-4120, ext. 3009*

www.walkablewilliamsville.com www.Facebook.com/williamsvilleny

Seasonal Employment Application

We consider applicants for all positions without regard race, color, religion, creed, gender (including pregnancy and related conditions), national origin, age, disability, marital or veteran status, sexual orientation, genetic information, familial status and arrest record, or any other legally protected status.

Job Applying for: Wading Pool Attendant, Part-Time (MUST be at least 18 years old)

IN ADDITION TO FILLING OUT THIS APPLICATION, please attach the following:

- 1. Your resume
- 2. Your availability during June, July & August. Include summer school dates, any vacations, first day to work & last day to work.

Complete entire application and sign + Attach required docs, as listed above.

PERSONAL INFORMATION		Date: _	Date:	
Name:				
Last	First	M.I.		
Descript Address				
Present Address:No.	Street	City	State Zip	
How many years have you live		Home Phone:		
E-mail Address:		Cell phone:		
Resume attached? Yes No				
Have you ever filed an application with the Village of Williamsville before? If yes, when?				
If hired, on what date are you available to start employment? Last day?				
Have you ever been convicted of a crime? No If yes, please describe in full				
Are you at least 18 years of ago	e? Yes _	No If not, state your	age	
Are you a United States Citizer	? Yes	No		
Person to be notified in case of emergency: (Relationship?)				
Name: Phone: ()				
Address:				
No. Str	eet	City State	Zip	

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EDUCATION BACKGROUND:				
Name of High School: Number of years attended:	Graduated? Ves No			
*				
Name of College:Number of years attended:	Oresto do May Na			
Number of years attended:	_ Graduated? [Yes] [NO]			
Additional Education:				
Additional Education: Number of years attended:	_ Graduated? Yes No			
WORK HISTORY				
WORK HISTORY If you need additional space, please continue	e on separate sheet of paper and attach	h.		
Dates Name/Address Of Employer	Rate of Pay Reason for Le	eaving Job Title/Duties		
May we contact the employers listed above? Yes No. If not, which ones(s) you do not wish us to contact? Use the space below or on the back to describe your skills, qualifications, activities and hobbies.				
PERSONAL REFERENCES (or please attach)				
Name and Occupation	Address	Phone		
1)				
2)				
3)				
[DI FACE DEAD CADEFIILLY			
1	sified statements on this application should be any investigation of my personal I did active for a period of time not to exceived by applicable law, any employment Employee may resign at any time and It is further understood that this "at will be and unless such change is specifical	omplete to the best of my shall be considered sufficient cause history through any investigative seed 45 days. I hereby understand the trelationship with this organization the Employer may discharge "employment relationship may not ally acknowledged in writing by an		
Signature of Applicant	Date			