### 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 <u>www.walkablewilliamsville.com</u> <u>www.Facebook.com/williamsvilleny</u>

## **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: <u>Wading Pool Attendant, Part-Time</u> (MUST be at least 18 years old)

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

## 1. Your resume

 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: _		
Name: Last	First	M.I.		
Present Address: No. Street How many years have you lived at th		City Home Phone:	State	Zip
E-mail Address:		Cell phone:		
Resume attached? Yes No _				

Have you ever filed an application with the V	illage of Williamsv	ille before?	If yes, when?
If hired, on what date are you available to sta	art employment? _	L	.ast day?
Have you ever been convicted of a crime?	No If yes, plea	se describe in f	ull
Are you at least 18 years of age?	Yes	No If not,	state your age

Person	to be notified in	n case of emergency: (R	elationship?		)
Name: _			Phone: ( )		
Address	:				
	No.	Street	City	State	Zip

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EDUCATION BACKGROUND: Name of High School:	Creducted? May No	
Number of years attended: Name of College:	_Graduated? Yes No	
Number of years attended:	_Graduated? Yes No	
Additional Education:	Graduated? Yes No	
Number of years attended:	_Graduated? Yes No	

#### WORK HISTORY

If you need additional space, please continue on separate sheet of paper and attach.

Dates	Name/Address Of Employer	Rate of Pay	Reason for Leaving	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)			

#### PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history through any investigative agencies. This application shall be considered active for a period of time not to exceed 45 days. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant