

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

PHONE - 716-632-4120, FAX 716-632-6009, Email - kpoules@village.williamsville.ny.us

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: _____

Name: _____
Last First M.I.

Present Address: _____
No. Street City State Zip

How many years have you lived at this address? _____ 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 age? _____ Yes _____ No If not, state your age _____

Are you a United States Citizen? _____ Yes _____ No

Person to be notified in case of emergency: (Relationship? _____)

Name: _____ Phone: () _____

Address: _____
No. Street City State Zip

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EDUCATION BACKGROUND:

Name of High School: _____

Number of years attended: _____ Graduated? Yes No

Name of College: _____

Number of years attended: _____ Graduated? Yes No

Additional Education: _____

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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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
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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

Date