

**TOWN OF MANLIUS RECREATION DEPARTMENT**  
**301 BROOKLEA DRIVE**  
**FAYETTEVILLE, NY 13066**  
**(315) 637-5188 FAX (315)637-0713**  
**www.townofmanlius.org**

OFFICE USE ONLY

Date Received \_\_\_\_\_

Received By \_\_\_\_\_

Notes \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**PERSONAL DATA**

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

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Last First M.I.

Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Street City/State Zip

Date of Birth \_\_\_\_\_ Driver's License? No \_\_\_ Yes \_\_\_ Type \_\_\_\_\_ Car Available? Yes \_\_\_ No \_\_\_  
 month/day/year

Have you ever been convicted of a felony or misdemeanor other than a minor traffic offense?  
 No \_\_\_ Yes \_\_\_ If yes, explain \_\_\_\_\_

Please state the position or type of employment you are applying for: \_\_\_\_\_

What age group(s) do you prefer to work with?  
 Pre School \_\_\_ Pre-Teen \_\_\_ Teenagers \_\_\_ Adults \_\_\_ Senior Adults \_\_\_

When are you available for employment?

	Morning	Afternoon	Evening
Summer	( )	( )	( )
Fall	( )	( )	( )
Winter	( )	( )	( )
Spring	( )	( )	( )
Weekends	( )	( )	( )

Do you hold a First Aid Card?  
 No \_\_\_ Yes \_\_\_ Expiration Date \_\_\_\_\_

Do you hold a CPR Card?  
 No \_\_\_ Yes \_\_\_ Expiration Date \_\_\_\_\_

**If you are certified in either of these courses, please attach a copy of your cards to this application.**

Please list skills, teaching abilities and other talents that may apply to your desired position:

**LIFEGUARDS AND WATER SAFETY INSTRUCTORS ONLY:**

Do you hold an active Lifeguard Training Certificate? No \_\_\_ Yes \_\_\_ Expiration Date: \_\_\_\_\_

Do you hold an active W.S.I. Certificate? No \_\_\_ Yes \_\_\_ Expiration Date: \_\_\_\_\_

Do you hold an active Waterfront Module Certificate? No \_\_\_ Yes \_\_\_ Expiration Date: \_\_\_\_\_

**If you are certified in any of these courses, please attach a copy of your card(s) to this application.**

**PLEASE COMPLETE BACK OF APPLICATION**

**EDUCATION**

School	Address	From	To	Degree Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PAST EMPLOYMENT**

Begin with the most recent

1. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Position held: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**REFERENCES**

Include people who can furnish information as to character, training and experience:

Name	Address	Position	Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The Town of Manlius Recreation Department does a background check on all employees. Please sign here to give consent to a background check.

Name \_\_\_\_\_ Date \_\_\_\_\_

**LEGAL RESIDENCE**

Fill in the names of the City or Village, School District, and State of which you are a legal resident:

City/Village: \_\_\_\_\_ School District: \_\_\_\_\_ State: \_\_\_\_\_