



CITY OF NEW ROCHELLE
515 NORTH AVENUE
NEW ROCHELLE, NY 10801
(914) 654-2087

Date Received

APPLICATION FOR SEASONAL EMPLOYMENT
(New Rochelle residency required except as noted in job posting)

Returning Employee

Last Name First Name MI

Street Address City State Zip Code

Home Phone: Cell: Email: DOB:

Please indicate position(s) applying for:

Winter, Spring and Summer Camps:

- ___ Director/Assistant Director (\$16-\$25)
- ___ Instructor (\$15 - \$20/hr.) Sports, Performing Arts, Visual Arts, Nature, Fitness
- ___ Recreation Specialist/ Camp Counselor (\$14 - \$15/hr.)

Parks:

- ___ Park Manager (\$15-\$23/hr.)
- ___ Asst. Park Manager (\$14-\$17/hr.)
- ___ Park Attendant (\$14 - \$16/hr.)
- ___ Hourly Maintenance Laborer (\$15/hr.)

Aquatics:

- ___ Head Lifeguard: Lincoln Pool & Hudson Park (\$20 - \$25/hr.) ARC Lifesaving, CPR, First Aid, Waterfront and/or Water Park Module
- ___ Asst. Head Lifeguard: Lincoln Pool & Hudson Park (\$18-\$25/hr.) ARC Lifesaving, CPR, First Aid, Waterfront and/or Water Park Module
- ___ Lifeguard: Lincoln Pool & Hudson Park (\$18-\$25/hr.) ARC Lifesaving, CPR, First Aid, Waterfront and/or Water Park Module

Tennis:

- ___ Pinebrook Tennis Attendant (\$14-\$16/hr.)

Marina:

- ___ Gas Dock Attendants (\$14/hr.)
- ___ Pump out Boat Operator (\$16/hr.)

Seasonal Programs:

- ___ Hourly Program Specialist – Adult Softball (\$35/hr.)

Aquatics and Parks positions may require evening and/or weekend assignment.

Certifications: Expiration Date

- ___ First Aid/ Type: _____
- ___ CPR/Type: _____
- ___ Teaching: State & Subject(s) _____
- ___ Special Certification(s) _____
- ___ Special Classes _____

Aquatics: Expiration Date

- First Aid/Type: _____
- CPR Type: _____
- Head Lifeguarding _____
- ARC Lifeguarding: Type: _____
- Adapted Aquatics _____
- Waterfront _____
- Water Park _____

- Special Skills: ___ Music/ Instrument (_____) ___ Dance (_____)
- ___ Art/Crafts (_____) ___ Early Childhood (_____)
- ___ Sports/Fitness (_____)
- ___ STEM (_____) ___ Wellness (_____)
- ___ Nature (_____) ___ Youth Development (_____)
- ___ Other – Magic/Cooking/Clowning/Theater (_____)

(OVER)

EDUCATION	SCHOOL/INSTITUTION	YEARS COMPLETED	COURSE/MAJOR	DEGREE
HIGH SCHOOL OR EQUIVILANCY				
COLLEGE, UNIVERSITY, TECH/OTHER				

EMPLOYMENT HISTORY-- LIST LAST 2 (MOST RECENT) PAID OR VOLUNTEER POSITIONS:			
NAME/ADDRESS/BUSINESS OF EMPLOYER	IMMEDIATE SUPERVISOR	EMPLOYMENT DATES	TITLE DUTY DESCRIPTION

REFERENCES (NO FAMILY MEMBERS)			
NAME	ADDRESS	RELATIONSHIP	PHONE

Incomplete applications will not be considered. All information is subject to verification

NEW YORK STATE HUMAN RIGHTS LAW PROHIBITS EMPLOYMENT DISCRIMINATION DUE TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS OR CRIMINAL RECORD. ACCORDINGLY, CONTENT OF THIS APPLICATION SHOULD BE VIEWED AS EXPRESSING ANY LIMITATION, SPECIFICATION, OR DISCRIMINATION AS TO AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEX, DISABILITY, MARITAL STATUS, OR CRIMINAL RECORD AS RELATED TO EMPLOYMENT.

YOU WILL BE REQUIRED TO ADHERE TO A DRUG SCREENING, CLEARANCE BY NY STATE DEPARTMENT OF CRIMINAL JUSTICE SEX OFFENDER REGISTRY IN ADDITION TO ADDITIONAL CRIMINAL AND EMPLOYMENT BACKGROUND CHECKS DEEMED APPLICABLE PER THE NY STATE COMPTROLLER'S OFFICE AS WELL AS THE WESTCHESTER COUNTY HEALTH DEPARTMENT AND/OR OPWDD.

I HAVE READ AND AM WILLING TO SUBJECT TO THE SCREENINGS INDICATED ABOVE. _____

APPLICANT'S SIGNATUR

If applicant is under the age of 18, parental name & signature is required: _____

Parent/guardian Please Print

Parent/guardian signature

AFFIRMATION: I affirm that the statements made in this application (and attached documents) are true. (Withholding relevant information or supplying inaccurate information will result in your disqualification.

DATE: _____ **SIGNATURE:** _____