

Village of Williamsville, 5565 Main Street, Williamsville NY 14221

www.walkablewilliamsville.com

Phone (716) 632-4120 x 3009 | Fax 716-632-6009 | Email krappleeye@village.williamsville.ny.us

Seasonal Employment Application

We consider applicants for all positions without regard to race, color, creed, religion, 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 18 or older*)

In addition to filling out this application please attach the following:

1. Your resume
2. Your availability during the months of June, July, and August. Include summer school dates, any vacations, first and last day available to work.

Complete entire application, sign, and attach required documents, as listed above.

PERSONAL INFORMATION

Name: _____ Date: _____
Last First M.I.

Address: _____ Years at address: _____
No. Street City, State, Zip

Email : _____

Cell Phone: _____ Home : _____

Have you ever applied for employment with the Village of Williamsville? If yes, when? _____

Date available to start working: _____ Last day: _____

Have you ever been convicted of a crime? _____

If yes, please describe: _____

Are you at least 18 years old? _____ If no, how old are you? _____

Are you a United States Citizen or authorized to work in the United States? _____

Emergency Contact Information:

Name: _____ Relationship: _____
Last First M.I.

Address: _____
No. Street City, State, Zip

Email : _____

Cell Phone: _____

Education:

High School: _____ Years attended: _____

College: _____ Years attended: _____

Additional Education: _____ Years attended: _____

Work History:

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

Dates	Employer	Rate of Pay	Reason for Leaving	Job Title
-------	----------	-------------	--------------------	-----------

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

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 to describe your skills, qualifications, activities and hobbies.

Personal References:

Name

Address

Phone

PLEASE READ CAREFULLY

APPLICANTS 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