Town of Islip
Personnel Dept.
655 Main St
Islip NY 11751

TOWN OF ISLIP
SUMMER
EMPLOYMENT APPLICATION

Before answering the following questions, be advised that the Town of Islip does not discriminate in employment practice because of race, color, national origin, sex, age, disability, martial status, or arrest records. Please print all answers below.

Position applied for: _____ Today's Date: _____

Were you previously employed by us? Yes ( ) No ( )

If yes, when and what position? _____

Date Available for work: _____

Do you have transportation? Yes ( ) No ( )

PERSONAL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number _____ SS # _____

Are you over 21 years of age? **Yes ( )** **No ( )** If not, date of birth: _____

Have you ever been convicted of a crime directly related to the position you seek?

Yes ( ) No ( ) If yes, give details: _____

_____

Are you a resident of the Town of Islip? Yes ( ) No ( )

Do you have any relatives working for the Town of Islip? Yes ( ) No ( )

If yes, give details: _____

EDUCATION

	Name of School	Course/Major	Circle last year completed	Did you graduate?	Degree
High School			9 10 11 12		
College			1 2 3 4		
Graduate/Other			1 2 3 4		

EMPLOYMENT

(Most recent position first- attach resume if available)

Co. Name &Address	Length of Employment	Position Held	Describe Duties	Last Salary	Reason for Leaving
1.					
2.					
3.					
4.					

May we contact the above employers? Yes ( ) No ( )

REFERENCES

(Not Relatives)

Name Address Telephone #

1. _____

2. _____

Add any other information you consider relevant to your employment application:

_____

_____

The facts set forth in this application are true and complete. I understand that any false statement is cause for immediate dismissal. I also understand that a pre-employment examination relative to minimum physical standards for employment may be necessary

_____

SIGNATURE

SPORTS & ATHLETICS

If you are interested in a position listed below, please indicate next to the activity and write out your qualifications and experience in the space provided.

( ) Arts & Crafts _____

_____

( ) Basketball _____

_____

( ) Sailing _____

_____

( ) Tennis _____

_____

( ) Other _____

_____

CLERICAL AND OFFICE

Typing: Yes ( ) No ( ) Words per minute: _____

Stenography: Yes ( ) No ( ) Words per minute: _____

Word Processor experience: Yes ( ) No ( ) Words per minute: _____

SPECIAL EDUCATION
(Therapeutic Counseling)

Do you have any experience or interest in working with the handicapped? Yes ( ) No ( )

Details: _____

_____

_____

TOWN OF ISLIP OFFICE OF THE SUPERVISOR
Department of Personnel and Labor Relations

TOWN HALL • 655 MAIN ST • ISLIP • NEW YORK 11751
Phone (631) 224-5520 • Fax (631) 224-5771

IF YOU ARE APPLYING FOR A RECREATION AIDE POSITION WITH THE TOWN OF ISLIP'S SUMMER EMPLOYMENT PROGRAM, NEW YORK STATE REQUIRES THAT YOU SUBMIT TWO (2) REFERENCES WITH YOUR APPLICATION. REFERENCES SHOULD BE NON-FAMILY OVER THE AGE OF 18 YEARS.

PLEASE HAVE THESE REFERENCE FORMS COMPLETED AND RETURN WITH YOUR APPLICATION TO THE PERSONNEL OFFICE, TOWN OF ISLIP, 655 MAIN STREET, ISLIP, NY, 11751.

WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION WITHOUT THESE REFERENCES.

THANK YOU

Please answer the following only if applying for

LIFEGUARD
and/or
WATER SAFETY INSTRUCTOR

In order to give us an up-to-date idea of your qualifications, please check and describe the following areas that you have supervised or instructed. In your description please indicate years of experience, honors, awards. Or any pertinent information that would help describe your ability.

Life guarding experience:

Ocean ( ) Still water ( ) Number of years: _____

American red Cross Water Safety Instructor:

W. S .I Yes ( ) No ( ) Expiration Date: _____

CPR Yes ( ) No ( ) Expiration Date: _____

Number of years experience of swimming, lifesaving, etc. _____

Teaching Summary: _____

_____

_____

Competitive swimming: _____

_____

_____

Coaching experience: _____

_____

_____

Other aquatic experience: _____

_____

_____

First Aid Certificate Yes ( ) No ( ) Expiration Date: _____

Town of Islip
Department of Parks, Recreation & Cultural Affairs
Summer Playground Program
Employee Reference (Two required)- Written Request

You have been suggested as a reference for:_____

Position applied for: _____

This individual has applied to the Town of Islip Summer Playground Program servicing our communities' youth. Your responses to this questionnaire will help us to provide our participants with a safe and fun experience with high quality staff.
This application will not be shared with the applicant and will be kept confidential. If you would rather speak to someone in person concerning this request, please call 224-5520.

Name of reference: _____

Relationship to applicant: _____

Phone: _____

Address: _____

_____

1.How do you know this applicant?

_____

_____

2. Would you consider this applicant to be a good person to work with children? Yes No

3. Have you had any opportunity to observe this applicant dealing with children in any capacity?

Yes No

If yes, how would you describe the interactions of this applicant with the children?

_____

_____

4. Would you recommended this applicant for a position working with children? Yes No

5. Are there any problems that might interfere with this person's ability to work effectively with children?

Yes No

If yes- What problems might we anticipate? _____

_____

Signature of reference _____ Date _____

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Department of Parks, Recreation & Cultural Affairs
Summer Playground Program
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