

ZENA RECREATION PARK, INC.

c/o Lisbeth Danner
270 Dutchtown Rd.
Saugerties, NY 12477

APPLICATION FOR SEASONAL EMPLOYMENT

ANSWER ALL QUESTIONS FULLY AND CAREFULLY. Print in ink or use typewriter. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

Position(s) you are applying for:

- | | | |
|---|--|--|
| <input type="checkbox"/> Park Director | <input type="checkbox"/> Head Lifeguard | <input type="checkbox"/> Director of Jr. Tennis |
| <input type="checkbox"/> Head Swim Coach | <input type="checkbox"/> Head Teaching Guard | <input type="checkbox"/> Tennis Assistant |
| <input type="checkbox"/> Assistant Swim Coach | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Certified Pool Operator |
| <input type="checkbox"/> Snack Bar Attendant | <input type="checkbox"/> Water Safety Instructor | <input type="checkbox"/> Assistant Park Director |

PERSONAL INFORMATION

LAST	FIRST	M.I.	SOCIAL SECURITY # / /
NAME:			
NO.	STREET	CITY	STATE
ADDRESS:			PHONE #'S HOME () CELL ()
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, age? _____ Minimum age for hires: 16			E-MAIL ADDRESS _____

Have you every been convicted of a crime which resulted in imprisonment, probation or payment of a fine of \$100.00 or more
Yes No

If yes, give dates and explanation on an attached piece of paper with name and social security number. A criminal record does not automatically disqualify a candidate from employment. Each case is given individual consideration based upon seriousness of the crime, date of conviction, and job relatedness.

EDUCATION

	Name & Location	Attendance Dates	Course or Major	Date Degree Received/Expected
High School				
College or Business School				
Graduate or Professional School				

Certificates or Special Training:

REFERENCES

(List three references who are familiar with the quality of your work,
and who is NOT directly related to you)

NAME:	PHONE #'S HOME () WORK ()
NO. STREET CITY STATE ZIPCODE	E-MAIL ADDRESS _____
ADDRESS:	
NAME:	PHONE #'S HOME () WORK ()
NO. STREET CITY STATE ZIPCODE	E-MAIL ADDRESS _____
ADDRESS:	
NAME:	PHONE #'S HOME () WORK ()
NO. STREET CITY STATE ZIPCODE	E-MAIL ADDRESS _____
ADDRESS:	

APPLICANT'S STATEMENT

PLEASE READ AND SIGN BELOW: **APPLICANT CERTIFICATION, AUTHORIZATION AND UNDERSTANDINGS**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the Park. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Board of Directors, and that no promises or representation contrary to the foregoing are binding on the Board of Directors unless made in writing and signed by me and the Board of Director's designated representative.

Date

Applicant's Signature

IF UNDER AGE 18, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED

"I have read my child's/ward's completed application form and hereby give my permission for him/her to be hired by Zena Recreation Park, Inc. for the purpose of Seasonal Employment and I further give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Zena Recreation Park, Inc. and upon receipt by the Human Resources committee of said revocation my child's/ward's employment shall be terminated".

Date

Parent or Guardian's Signature