

## Susquehanna Valley Central School District Department of Health, Physical Education, & Athletics 1040 Conklin Road, P.O. Box 200, Conklin, NY 13748 607-775-9144

SV

Date

LIFEGUARD APPLICATION

Name:				Date:			
If <u>UNDER</u> 18, please age:	state			_			
Address:							
City:			State:	Zip:			
Phone Number/s, inclu	ıding	Area Codes:					
Home			Cell		Other		
E-Mail Address:							
• Education:							
High School:				City, State:			
*If currently in H.S.,	state	grade level:					
Undergraduate:				City, State:			
Graduate:				City, State:			
• Certifications hold:	that	you currently	(Copies of Al	LL certifications MUST be	attached)		
		Lifeguarding	Expiration Da	nte:			
		CPR / AED	Expiration Da	ate:			
		First Aid	Expiration Da	ate:			
• Experience:		(List all pertinent pos	itions held, loca	tion, number of months or	years)		
Position			Location		Mo. / Yrs.		

Signature

Revised: 10/11/13



## Application

Broome County Department of Personnel P.O. Box 1766
Binghamton, NY 13902
www.gobroomecounty.com

## for employment

Binghamton, NY 139 www.gobroomecou.			Referred			
Title of P	osition Applying For	Full - T	Time 1	Part - Time Tempora	ry Sun	nmer
No persons shall be derace, color, creed, religor any institutional Broome Cou	enied equal protection of the laws ion, age, sex, national origin or sp l, agency or subdivision of Broom nty Government does not discrim odations for individuals with disal	onsor, be subject e County. The I inate on the bas	cted to any disc NYS Human R is of physical o	crimination in his civ lights Law prohibits or mental disability a	ril rights by any discrimination and will make r	y person, department because of age. easonable
	BROOME COUNTY	IS AN EQUA	L OPPORTU	NITY EMPLOYER		
	ing of your background and work	•		-		-
NAME	First	Middle	S	SOC. SEC. NUMBI	ER	
LEGAL ADDRESS _	Street			County		
City		State				Zip
MAILING ADDRESS (If Different From Above)  PHONE NO.: HOME	Street		City	RK ( )	State/Zip	
THORE NO.		notify immedia		(		
EDUCATION: Select 1	ast grade completed - 6	7 8 9	10 11	12 13 14	15 16	17 18
	Name and School Lo	cation	Graduated Yes or No	V 1	Degrees	No. of credits completed
High School last attended						
Colleges						
Universities						
Other						

## **EMPLOYMENT EXPERIENCE**

List all permanent employment since High School. List any summer, part-time, temporary employment which includes experience that tends to qualify you for the position sought. If additional space is required, use supplemental sheets. Start with your most recent or current position.

Company Name			
Type of Business			
Address			
Your Position Title			
Supervisor's Name			
and Title			
Employed From (date)		To (date)	
Salary - Starting	Final		Hours/Week
Describe your duties and responsibilities in detail			
Reason for leaving (Please explain fully.)			
2.			
Company Name			
Type of Business			
Type of BusinessAddress			
Address			
Address Your Position Title			
Address Your Position Title Supervisor's Name			
Address  Your Position Title  Supervisor's Name  and Title		_ To (date)	
Address  Your Position Title  Supervisor's Name and Title  Employed From (date)	Final	_ To (date)	Hours/Week
Address  Your Position Title  Supervisor's Name and Title  Employed From (date)  Salary - Starting	Final	_ To (date)	Hours/Week
Address Your Position Title Supervisor's Name and Title Employed From (date) Salary - Starting Describe your duties and responsibilities in detail	Final	_ To (date)	Hours/Week
Address	Final	_ To (date)	Hours/Week
Address	Final	To (date)	Hours/Week

3. Company Name			
Type of Business			
Address			
Your Position Title			
Supervisor's Name			
and Title			
Employed From (date)		_ To (date)	
Salary - Starting	Final		Hours/Week
Describe your duties and responsibilities in detail			
Reason for leaving (Please explain fully.)			
4. Company Name			
Company Name			
Company Name  Type of Business			
Type of BusinessAddress			
Company Name  Type of Business  Address  Your Position Title			
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name			
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title		_ To (date)	
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)	Final	_ To (date)	Hours/Week
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)  Salary - Starting	Final	_ To (date)	Hours/Week
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)  Salary - Starting	Final	_ To (date)	Hours/Week
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)  Salary - Starting	Final	_ To (date)	Hours/Week
Company Name  Type of Business  Address  Your Position Title  Supervisor's Name  and Title  Employed From (date)  Salary - Starting  Describe your duties and responsibilities in detail	Final	_ To (date)	Hours/Week

PERS	ONAL L	PAIA									
						fnited States?	cards at time	Yes e of appointmen		о	
				sdemeanor osition of ea		? e on a separate s	heet and atta	ach same.	Yes 🗌	No 🗔	
If a mo	tor vehic	le license i	s required f	or the positi	ion for w	hich you are app	olying, pleaso	e indicate the lic	ense you presen	itly possess:	
Class	A	В	C	D	E	(select one)	Desig	nate type of con	nmercial license		
							Date of	of Expiration	month /	/_day	year
		ificate or o		ization to pr	actice a	rade or profession	on is a requir	rement for the po	osition for which	h you are applyi	ng,
Name o	of Trade	or Profession	on								
License	Numbe	r					Date From		To _		
Licensi	ng Agen	cy					City/Sta	ate			
	erence pu Commen	-	you have a	ny objection	is to our	contacting preser	nt or past em	nployers?	Yes	No 🗌	
Did you	ı qualify	as an Exer	npt Volunte	eer Fireman	as set fo	rth by the criteria	a in section 2	200 of the Gener	ral Municipal La Yes 🔲	aw?	
Did you	ı serve iı	n the armed	forces of t	he United S	tates?				Yes	No 🗌	
	Branch	l				Dates					
Did you	ı receive	a discharg	e which wa	s honorable	or were	you released und	der honorabl	e circumstances	? Yes	No 🗌	
What n	Person	aware of the al Reference on Board	е 🗌	TV		employment opp Radio nel Office	ortunities?	Newspaper [			
and aut in this a are true ground release	horize the pplication and correst for my correst from lia	e examinin on (includin ect. I unders lismissal. I	g physiciar g statement stand that ar give the em mployer an	to render to s made in ar ny omission, ployer the ri	o the Dep ny accom misrepre ght to inv	ne rules and regular partment of Perso panying papers) esentation and/or estigate all refere for seeking such	nnel the resu have been ex falsification ences and to s	ults of the exami camined by me a of information c secure additional	nation. I declare nd to the best of a ontained in this a job related infor	that the stateme my knowledge a application may mation about me	ents mad and belie constitut e. I hereb
Signa	ature _							Date			
						/ which you a					

The Immigration Reform and Control Act of 1986, requires that all individuals must provide acceptable documentation that proves identity and employment eligibility. A listing of acceptable documents can be obtained from the Department of Personnel. Failure to provide this documentation will affect your chances for employment with Broome County.