



LIFEGUARD APPLICATION

Name: _____ Date: _____

If **UNDER** 18, please state your
age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number/s, including 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 that you currently hold:

(Copies of ALL certifications MUST be attached)

<input type="checkbox"/> Lifeguarding	Expiration Date: _____
<input type="checkbox"/> CPR / AED	Expiration Date: _____
<input type="checkbox"/> First Aid	Expiration Date: _____

♦ Experience: *(List all pertinent positions held, location, number of months or years)*

Position	Location	Mo. / Yrs.

Signature

Date

BROOME COUNTY GOVERNMENT EMPLOYEES

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

Application

for employment

Action Taken _____

Referred to _____

Date _____

_____ Full - Time Part - Time Temporary Summer
Title of Position Applying For

No persons shall be denied equal protection of the laws of this County, State, Nation or any subdivision thereof. No person shall, because of race, color, creed, religion, age, sex, national origin or sponsor, be subjected to any discrimination in his civil rights by any person, department or any institutional, agency or subdivision of Broome County. The NYS Human Rights Law prohibits discrimination because of age.

Broome County Government does not discriminate on the basis of physical or mental disability and will make reasonable accommodations for individuals with disabilities during application, examination, interviewing and employment.

BROOME COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

A clear understanding of your background and work history will aid us in placing you in a position that best meets your qualifications.

DIRECTIONS: Please print using black ink or type. Answer all questions, write "No" or "None" where applicable.

NAME _____ **SOC. SEC. NUMBER** _____
Last First Middle

LEGAL ADDRESS _____
Street County

City State Zip

MAILING ADDRESS _____
(If Different From Above) Street City State/Zip

PHONE NO.: HOME (_____) _____ WORK (_____) _____

(Please notify immediately of any changes.)

EDUCATION: Select last grade completed - 6 7 8 9 10 11 12 13 14 15 16 17 18

	Name and School Location	Graduated? Yes or No	Type of Degrees	No. of credits completed
High School last attended				
Colleges or 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.

1.

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_____

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.)_____

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_____

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.)_____

PERSONAL DATA

Do you have the legal right to accept employment in the United States? Yes ☐ No ☐
(Non-citizens will be required to produce 1-151 or 1-551 alien registration cards at time of appointment)

Have you ever been convicted of a misdemeanor or felony? Yes ☐ No ☐
If yes please give particulars and disposition of each charge on a separate sheet and attach same.

If a motor vehicle license is required for the position for which you are applying, please indicate the license you presently possess:

Class A B C D E (select one) Designate type of commercial license _____
Date of Expiration _____ / _____ / _____
month day year

If a license, certificate or other authorization to practice a trade or profession is a requirement for the position for which you are applying, please indicate the following:

Name of Trade or Profession _____
License Number _____ Date From _____ To _____
Licensing Agency _____ City/State _____

For reference purposes do you have any objections to our contacting present or past employers? Yes ☐ No ☐
If yes, Comment _____

Did you qualify as an Exempt Volunteer Fireman as set forth by the criteria in section 200 of the General Municipal Law? Yes ☐ No ☐

Did you serve in the armed forces of the United States? Yes ☐ No ☐
Branch _____ Dates _____

Did you receive a discharge which was honorable or were you released under honorable circumstances? Yes ☐ No ☐

What made you aware of this vacancy or Broome County employment opportunities?

Personal Reference ☐ TV ☐ Radio ☐ Newspaper ☐
Bulletin Board ☐ In the Personnel Office ☐ Other _____

DECLARATION I agree, if employed, to abide by all the rules and regulations relative to my position. I agree to undergo a physical examination and authorize the examining physician to render to the Department of Personnel the results of the examination. I declare that the statements made in this application (including statements made in any accompanying papers) have been examined by me and to the best of my knowledge and belief, are true and correct. I understand that any omission, misrepresentation and/or falsification of information contained in this application may constitute grounds for my dismissal. I give the employer the right to investigate all references and to secure additional job related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature _____ **Date** _____

Please print any other surnames (last names) by which you are or have been known.

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.