



Incorporated
Village of Port Jefferson

Recreation Department

101-A East Broadway
Port Jefferson, NY 11777
(631) 802-2160

Recreation Department-Seasonal Application (Lifeguard)

Social Security Number:

Position:

What hours are you available to work?

Available to work from (MM/DD/YY):

Check if we previously employed you:

If yes, when, where and in what position:

Cell Phone #:

Home Phone#:

Title:

Mr.

Ms.

Mrs.

Applicant Last Name:

Applicant Full First Name:

Middle:

PO Box:

Street Address:

Apt#:

City:

State:

Zip:

Email Address:

Check if you have transportation to the location to East/West Beach (Lifeguard)

Check if you are a resident of Port Jefferson Village:

Check if you are legally eligible for employment in this country:

Do you possess a valid CDL license?

Have you ever been convicted of a felony, misdemeanor or violation other than a non-moving traffic citation? If yes, please explain:

References (three required - no relatives)

Reference Name:

Address 1:

Address 2:

City:

State:

Zip:

Reference telephone #

References #2

Reference Name:

Address 1:

Address 2:

City:

State:

Zip:

Reference telephone:

Reference #3

Reference Name:

Address 1:

Address 2:

City:

State:

Zip:

Reference telephone #:

Work History:

Name of Employer:

Address:

City:

State:

Zip:

Position:

Description of Duties:

From (mm/DD/YY):

To (mm/DD/YY):

Last Salary (last hourly rate):

Reason for Leaving:

Education:

High School name:

Town, state:

AS of date applying, check all completed years 9, 10, 11, 12

If you did not receive a diploma, did you receive a GED? If yes check box:

Issuing authority of GED:

Post-Secondary Education: Name of Institution:

Number of credits earned:

Type of course or major subject:

Did you earn a degree? If yes, check box:

Type of degree received:

Date degree received (mm/DD/YY):

Qualifications and Experience:

Certifications:

First Aid Certification (dates)

CPR Certification (dates)

AED Certification (dates)

Lifeguarding Certifications (dates)

Please attach copies of all certifications:

Choose File

Applicant Printed Signature (Legal Name required):

Applicant statement the fact set forth on this application are true and complete. I understand that any false statement is cause for immediate dismissal. I also understand that taking a vacation during my summer employment and or failing to notify my supervisor if I will be absent could result in my immediate dismissal. I further understand, depending upon the position or program to which I am assigned, I will be obliged to work weekends, and at the hours and location, the position requires. I am or will be 16 yrs. of age on or before July 1st of this calendar year. I understand by submitting this application, it is not an offer or grantee of employment. (Legal Name required)

SUBMIT

Recreation Department-Seasonal Application (camp counselor)

Social Security Number:

Position:

What hours are you available to work?:

Available to work from (MM/DD/YY):

Check if we previously employed you:

If yes, when, where and in what position:

Cell Phone #:

Home Phone#:

Title:

Mr.

Ms.

Mrs.

Applicant Last Name:

Applicant Full First Name:

Middle:

PO Box:

Street Address:

Apt#:

City:

State:

Zip:

Email Address:

Check if you have transportation to the location to East/West Beach (Lifeguard)

Check if you are a resident of Port Jefferson Village:

Check if you are legally eligible for employment in this country:

Do you possess a valid CDL license?

Have you ever been convicted of a felony, misdemeanor or violation other than a non-moving traffic citation? If yes, please explain:

References (three required -no relatives)

Reference Name:

Address 1:

Address 2:

City:

State:

Zip:

Reference telephone #

References #2

Reference Name:

Address 1:

Address 2:

City:

State:

Zip:

Reference telephone

Reference #3

Reference Name:

Address 1:

Address 2:

City:

State:

Zip:

Reference telephone #

Work History:

Name of Employer:

Address:

City:

State:

Zip:

Position:

Description of Duties:

From (mm/DD/YY)

To (mm/DD/YY)

Last Salary (last hourly rate)

Reason for Leaving:

Education:

High School name:

Town, state:

AS of date applying, check all completed years

9, 10, 11, 12

If you did not receive a diploma, did you receive a GED? If yes check box:

Issuing authority of GED:

Post-Secondary Education: Name of Institution:

Number of credits earned:

Type of course or major subject

Did you earn a degree? If yes, check box

Type of degree received:

Date degree received (mm/DD/YY)

Qualifications and Experience:

Certifications:

First Aid Certification (dates)

CPR Certification (dates)

AED Certification (dates)

Background Check (dates) If yes, please provide dates.

EPI Pen Certification Yes or NO

Please attach copies of all certifications:

Applicant Printed Signature (Legal Name required):

Applicant statement the fact set forth on this application are true and complete. I understand that any false statement is cause for immediate dismissal. I also understand that taking a vacation during my summer employment and or failing to notify my supervisor if I will be absent could result in my immediate dismissal. I further understand, depending upon the position or program to which I am assigned, I will be obliged to work weekends, and at the hours and location, the position requires. I am or will be 16 yrs. of age on or before July 1st of this calendar year. I understand by submitting this application, it is not an offer or grantee of employment. (Legal Name required)