

TOWN OF LEWISBORO RECREATION AND PARKS DEPARTMENT

APPLICATION FOR APPOINTMENT AS: _____

Please print or type

Last Name: _____ First: _____ Middle Initial: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Birth date (Optional): _____
Month/Day/Year

EMAIL Address: _____ Cell Phone # _____

EDUCATION

	Name & Location	No. of Yrs Completed	Graduated Yes/No	Dates of Attendance	Course or Major
High School					
College or Business School					
Other					

PREVIOUS EMPLOYMENT AND EXPERIENCE

Name and Address of Employer	From mo./yr.	To mo./yr.	Title and Duties	Salary	Reason for leaving

The answers to the foregoing questions are true and correct to the best of my knowledge and belief, and I fully understand that any willful misstatement of material facts may lead to disqualifications from work for the jurisdiction.

DATE: _____ Applicant's signature: _____

Any other training or experiences which may qualify you for the position sought: (other jobs, courses taken, hobbies, interest groups you belong to, etc.)

Certifications that you have and will hold through employment: (CPR, RTE, First Aid, Water Safety Instruction, Lifeguard Training, etc.)

TITLE OF CERTIFICATION

DATE OF EXPIRATION

REFERENCES

Name and Address	Occupation	Relationship	Phone Number

If you are not hired for the position you requested would you accept any other position? _____
If so, what position? _____

Date: _____

Signature: _____

RETURN TO: Town of Lewisboro
Parks and Recreation Department
99 Elmwood Road
South Salem, NY 10590

Please remember to sign both sides of this application.

DATE RECEIVED: _____