



**NORTH EAST WESTCHESTER SPECIAL RECREATION**  
 63 Bradhurst Avenue, Hawthorne, New York 10532  
 914-347-4409 Fax 914-347-5054  
[www.northeastsspecialrec.org](http://www.northeastsspecialrec.org)

## APPLICATION FOR EMPLOYMENT

<b>P</b>	Last Name	First	Middle	Home Telephone ( )
<b>E</b>	Street Address			Business Telephone ( )
<b>R</b>	City, State, Zip			Cell #: ( )
<b>S</b>	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and year      Location			Emergency Contact: ( )
<b>O</b>	Position Desired:			Emergency Phone #: ( )
<b>N</b>	E-MAIL ADDRESS			Social Security #:
<b>A</b>	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work			If under age 18, indicate Working Paper #:
<b>L</b>	Are you legally eligible for employment in the United States?			When will you be available to begin work?

E D	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
U C	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
A T	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
I O	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
N	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**CERTIFICATION: Check all that apply:      List expiration dates:**

- CPR (specify what kind) \_\_\_\_\_
  - First Aid (specify what kind) \_\_\_\_\_
  - Lifeguard Training (LGT) \_\_\_\_\_
  - Waterfront Lifeguard Module (WFLG) \_\_\_\_\_
  - Water Safety Instructor (WSI) \_\_\_\_\_
  - Instructor Courses (please specify) \_\_\_\_\_
  - Adaptive Aquatics \_\_\_\_\_
  - Special Olympics Coach (please specify sport) \_\_\_\_\_
- Professional Registrations/Certifications: \_\_\_\_\_

**HOBBIES AND SPECIAL INTERESTS:**

Please list any hobbies or special interests below. If you have experience teaching your hobby indicate this as well.

\_\_\_\_\_

\_\_\_\_\_

**BUS DRIVER APPLICANTS ONLY:**

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

