# Caledonia Recreation Application for Employment

| Name:   |
|---|
| Phone:  |
| Email:  |
| Please list volunteer experience below.                       |
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|   |
|   |
| Why do you want to work for the Caledonia Recreation Program? |
| Please answer in a paragraph no more than 100 words.          |
|   |

### VILLAGE OF CALEDONIA APPLICATION FOR EMPLOYMENT

| Date Application Received:  | <u> </u>  |  |  |  |  |
|---|---|--|--|--|--|
| Title of Position: Disapproved Cond   |   |  |  |  |  |
| Application: Approved bisapproved cond  |   |  |  |  |  |
| Instructions: Answer all questions fully. All qualifying information must be placed on this application. Resumes may not be used to supplement the application. You should review the minimum qualifications fo the position before completing this application. If space is needed, please attach additional sheets. |   |  |  |  |  |
| 1. NAME, MAILING ADDRESS/PHONE  | 7C. If you have served in the US  |  |  |  |  |
| (Please print)  | Armed   |  |  |  |  |
|   | Forces, did you receive a dishonorable                                      |  |  |  |  |
| (Last) (First)  | Discharge?  Yes No  |  |  |  |  |
| (M.I.)  | 7D. Have you ever been convicted of   |  |  |  |  |
|   | crime (felony or misdemeanor)?  |  |  |  |  |
| Street or Post Office Box Address   | ☐ Yes ☐ No  |  |  |  |  |
|   | 7E. Have you ever forfeited bail bond                                       |  |  |  |  |
| City/Town State Zip Code  | posted to guarantee your appearance   |  |  |  |  |
| Oity/10Wii State Zip Gode   | in court to answer to any criminal charges? ☐ Yes ☐ No                      |  |  |  |  |
|   | 7F. If you answered YES to any of   |  |  |  |  |
| Home Phone Cell Phone   | questions A-7E, provide a complete  |  |  |  |  |
| 2. Social Security Number: Collected upon hire  | explanation of the circumstances on a                                       |  |  |  |  |
| 3. Are you <i>under</i> 18 years of age? ☐ Yes ☐ No   | separate sheet of paper including: the                                      |  |  |  |  |
| 4. Do you have the right to accept employment in the  | date, the parties involved, the facts and the outcome.                      |  |  |  |  |
| Unites States? ☐ Yes ☐ No   | NOTE: A YES is not an automatic bar   |  |  |  |  |
| 5. State your permanent legal residence:  | to employment unless otherwise  |  |  |  |  |
| School District:  | required by law. Each case is   |  |  |  |  |
| City/Village/Town:  | considered and evaluated on individual merits in relation to the duties and |  |  |  |  |
| County: State:  | responsibilities of the position.   |  |  |  |  |
|   | NEW YORK & FEDERAL LAW PROHIBITS  |  |  |  |  |
| 6. Have you resided at your current address for at  | DISCRIMINA-TION IN EMPLOYMENT BECAUSE OF AGE, RACE, CREED, COLOR,           |  |  |  |  |
| least 4 months? ☐ Yes ☐ No 7 A. Were you ever discharged from employment for  | NATIONAL ORIGIN, SEX, DISABILITY,   |  |  |  |  |
| reasons other than lack of work? ☐ Yes ☐ No   | MARITAL STATUS, OR CRIMINAL RECORD. ACCORDINGLY, NOTHING IN THIS            |  |  |  |  |
|   | APPLICATION SHOULD BE VIEWED AS EXPRESSING ANY LIMITATION,                  |  |  |  |  |
| 7B. Did you ever resign from employment rather than   | SPECIFICATION, OR DISCRIMINATION AS TO                                      |  |  |  |  |
| face dismissal? ☐ Yes ☐ No  | THIS PROTECTED CLASSIFICA-TIONS IN CONNECTION WITH EMPLOYMENT BY            |  |  |  |  |
|   | LIVINGSTON COUNTY MUNICIPALITIES.   |  |  |  |  |
| **If an examination is required for this position, do you: have veteran's   | credits? Yes as a disabled yet \text{Yes as a                               |  |  |  |  |
| non-disabled vet □ No; need special arrangements? □ Religious Obs   | server □Handicapped Person □ Other:   |  |  |  |  |
| Have you taken an exam for this position within the last 6 months?   THIS AFFIRMATION MUST BE COMPLETED. I affirm that the statements made on this application (including any   |   |  |  |  |  |
| attachments) are true under penalties of perjury. ALL STATEMENTS ARE SUBJECT TO VERIFICATION.   |   |  |  |  |  |
| Signature of Applicant Print any other last name  | e for which you have been known   |  |  |  |  |
| Signature of Applicant Print any other last nam<br>Date   | o for willon you have been known  |  |  |  |  |

### **EDUCATION**

| If YE  | S, give the r<br>), do you hav | ited from high<br>name and loca<br>ve a GED dipl<br>UNDERGRAD | ation of the oma? □ Y | high school.                                     | <u>ATION</u>                            |                  |                               |   |
|--|--------------------------------|---|-----------------------|--|---|------------------|-------------------------------|---|
| 8b.  | Name & location of School      | Number of<br>Years<br>Credited                                | Were you<br>graduated | Type of course or major                          | Number<br>college<br>credits<br>receive | •                | Type of<br>Degree<br>received | If still in school, date degree expected. |
| College,<br>University or<br>Technical<br>School |                                |   |                       |  |   |                  |                               |   |
| College,<br>University or<br>Technical<br>School |                                |   |                       |  |   |                  |                               |   |
| Please list ot                                   | her schools (                  | or special cou  | rses                  |  |   |                  |                               |   |
| profession is lis                                | sted as a requ                 | irement on the  | announcem             | tificate or other aut<br>ent, fill in the follow |   |                  |                               | or  |
| Name of Trade<br>Profession:                     |                                | this blank,   |                       | Granted by (licensing agency)                    |   | City & State of: |                               |   |
| Specialty:                                       | [                              | Date License is   | sued:                 | Registered from (N                               | /lo/Yr)                                 | Regist           | ered to: (Mo/                 | Yr)                                       |
| motor vehicle in<br>If you have a c              | n New York S<br>ommercial mo   | tate?   Yes   | □ No<br>ense, check   | ouncement, do you<br>the endorsements            |   |                  | ·                             | ate a                                     |

### 11. **DESCRIPTION OF EXPERIENCE:**

Beginning with the most recent, describe below all employment which is relevant to the minimum qualifications of the position for which you are applying. All blanks must be completed fully. Omissions will not be interpreted in your favor. Information must be on application.

| Length of Employment From: To:                                 | Name of Employer, Address and Telephone: |
|--|--|
| Type of Business:  |  |
| Your Title:  |  |
| Supervisor's Name and Title:                                   |  |
| Number of hours worked per week:                               |  |
|  |  |
| Do not include overtime hours.                                 |  |
| Length of Employment From: To:                                 | Name of Employer, Address and Telephone: |
| Type of Business:  |  |
| Your Title:  |  |
| Supervisor's Name and Title:                                   |  |
| Number of hours worked per week:                               |  |
| Do not include overtime hours.                                 |  |
| Do not include overtime hours.                                 |  |
| Length of Employment From: To:                                 | Name of Employer, Address and Telephone: |
| Type of Business:  |  |
| Your Title:  |  |
| Supervisor's Name and Title:                                   |  |
| Number of hours worked per week:                               |  |
| Do not include overtime hours.                                 |  |
| Length of Employment   | Name of Employer, Address and Telephone: |
| From: To:  | name of Employer, Address and Telephone. |
| Type of Business:  |  |
| Your Title:  |  |
|  |  |
| Supervisor's Name and Title:                                   |  |
| Supervisor's Name and Title:  Number of hours worked per week: |  |

## Caledonia Recreation is accepting applications for a Part-time Director

The Recreation Director will create and communicate a detailed schedule for the 7-week summer program in advance of the program. Implementation and coordination of all daily activities as well as supervise the recreational facilities, supervisors, volunteers, and program participants. The Director reports to the Recreation Commission and the Village and Town Boards of Caledonia. Qualifications can be found on the Village website: villageofcaledoniany.org. or at the Village Clerk's Office, 3095 Main Street, Caledonia, NY 14423. All applications are due by March 1, 2024.

### RECREATION AIDE

<u>DISTINGUISHING FEATURES OF THE CLASS</u>: Assists the Recreation Leader or Recreation Director in the conduct of any recreation program. The work is performed under the direct supervision of the Recreation Leader or Recreation Director. A Recreation Aide does related work as required.

#### **TYPICAL WORK ACTIVITIES:**

Assists with such activities as softball, badminton, hikes, arts & crafts, etc; Assists in the supervision of play activities; May act as a chaperone on field trips; May assist with a swimming program; Assists in all programs planned for a recreation facility; and Performs other related duties.

### FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES & PERSONAL

<u>CHARACTERISTICS</u>: Ability to work with all age groups; ability to understand and carry out oral and written directions; mental alertness; tact; courtesy; physical condition commensurate to the demands of the position.

<u>MINIMUM QUALIFICATIONS</u>: None is required. Some experience working with children or working in a recreation program is desirable.

**NOTE:** Recreation Aides will receive training to be certified in CPR and first aid.

Recreation Aides – C in all divisions Recreation Aides, part time – L in all divisions

11/30/83, Revised 3/6/2018