

# Dutchess County Summer Recreation 2021 Application

<b>Title of Position:</b> _____	<b>For Dutchess County HR Use Only</b> Approved _____ Conditional _____ Disapproved _____
<b>Municipality:</b> _____	

1. Social Security Number: _____ - _____ - _____	3. If you are under 18 years of age, can you provide proof of eligibility to work? Yes _____ No _____
2. _____ Last Name, First Name, Initial	4. If the position you are applying for has minimum or maximum age limits (see job description), please enter your date of birth: Month _____ Day _____ Year _____
_____ Address	5. Are you currently a U.S. citizen? Yes _____ No _____ If "No", please give alien registration number: _____
_____ City State Zip Code	
_____ Your Cell Phone Home Phone	

**6. CERTIFICATIONS/LICENSES: (\*Attach a copy of your certification/license to this application.)**

Title/Issuing Authority	License #	Original Date of Issue	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Do you possess a valid license to operate a motor vehicle in New York? Yes \_\_\_\_\_ (Class \_\_\_\_\_) No \_\_\_\_\_

**7. EDUCATION:**

**High School:** Do you possess a high school or equivalency diploma? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, last grade completed: \_\_\_\_\_  
Name of High School \_\_\_\_\_

College:	Name/Location	Dates Attended	Major	# of Credits	Degree Earned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**8. WORK EXPERIENCE: (Attach additional sheets if necessary.)**

<b>Name of Employer/Address</b> _____	<b>Title</b> _____
<b>Dates of Employment (From Mo/Yr)</b> _____ <b>(To Mo/Yr)</b> _____	<b># of hours/wk</b> _____ <b>Supervisor</b> _____
<b>Duties Performed:</b> _____	
_____	
<b>Name of Employer/Address</b> _____	<b>Title</b> _____
<b>Dates of Employment (From Mo/Yr)</b> _____ <b>(To Mo/Yr)</b> _____	<b># of hours/wk</b> _____ <b>Supervisor</b> _____
<b>Duties Performed:</b> _____	
_____	

### Affirmation and Authorization to Investigate and Release

The undersigned applicant hereby affirms that the statements made on this application and any attached papers or documents are true under the penalties of disqualification and perjury.

The undersigned applicant hereby authorizes the Department of Human Resources of the County of Dutchess or its agents to investigate matters necessary for the verification of the qualifications of the applicant. Such authorization shall include the right to examine any and all records, files, histories or other information relating to the applicant in the possession of any federal, state or municipal authority, corporation, agent or person. Furthermore, such investigation may include a criminal background investigation, which would require a fingerprint check, to determine overall suitability for employment. Failure to meet standards for the background investigation may result in disqualification. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Application Supplement to DC Application



Town of Beekman Recreation & Parks  
29 Recreation Center Road, Hopewell Junction, NY 12533  
845-227-5783 845-227-9685F

[recdirector@townofbeekman.us](mailto:recdirector@townofbeekman.us) [www.townofbeekman.com](http://www.townofbeekman.com)



**TYPE or PRINT CLEARLY in INK**

*The purpose of this supplement is to provide additional information that is not on the Dutchess County Summer Recreation Application*

1. \_\_\_\_\_  
Last Name First Name **email that YOU check DAILY!**

2. Why are you applying to work at Beekman Rec? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Since we are not currently sure of the structure of our summer program please check off the skills you can share/teach if any. Feel free to add others and specify!

Swimming  Yoga  Other: \_\_\_\_\_

Arts & Crafts  Drama  Other: \_\_\_\_\_

Nature & Science  Games  Other: \_\_\_\_\_

Sports  Hiking  Other: \_\_\_\_\_

4. Describe any leadership experiences you have had: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If you are currently away at college please indicate the following (if not write DNA)  
Dates you will be home for spring break: \_\_\_\_\_ Date you will be back in Beekman from college May: \_\_\_\_\_

6. All staff are expected to join mandatory trainings in June, the dates will be worked around school schedules. Please confirm you will be available to join trainings in June after school hours: yes no

7. List any dates you will not be available to work between June 24<sup>th</sup> and Labor Day:  
*If you do not list a date, you will not be granted a last minute request to have it off, so plan ahead for doctor's appointments, parties, family vacations, going away to college in the fall, etc!*

\_\_\_\_\_  
\_\_\_\_\_

OVER

8. **List 3 non-relatives and non-peers** who can attest to your character, work ethic and ability to do the type of work you are applying to perform and then distribute your references to those individuals.

**Reference 1:**

Printed Last Name	Printed First Name	Position/Title		
Cell phone	Work phone	Home land line		
email address	Street address	Town	State	Zip

**Reference 2:**

Printed Last Name	Printed First Name	Position/Title		
Cell phone	Work phone	Home land line		
email address	Street address	Town	State	Zip

**Reference 3:**

Printed Last Name	Printed First Name	Position/Title		
Cell phone	Work phone	Home land line		
email address	Street address	Town	State	Zip

9. **By signing below:**

- I certify that the statements made on submitted materials are true and correct to the best of my knowledge.
- I understand that any misinformation, falsification or failure to disclose pertinent information will result in the termination of my services.
- I authorize all present or prior employers, educational institutions and the individuals listed by me, to release to Beekman Recreation, any information relevant to my application, including information about my employment record, and hereby release them from liability and responsibility for doing so.
- I understand that Beekman Rec reserves the right to conduct a criminal background check.
- If hired I agree to consent to random blood and alcohol testing and that failure to submit to such testing immediately shall be grounds for dismissal.
- I understand that any offer of employment is contingent upon:
  - My supplying documentation to substantiate my identity and employment eligibility sufficient to complete the I-9 Form required by the Federal Immigration and Control Reform Act of 1986
  - My scheduling, paying for, and partaking in a drug test at TEK Occupational Services, Inc., 1075 Rte. 82, Hopewell Junction within 3 days of being asked.
  - I understand that Town of Beekman will reimburse me for the \$40 fee if I pass the test, accept the position, attend all training, and remain available to work all the dates agreed upon.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

For minors, a Parent/guardian signature indicates agreement with all of the above:

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_