



# APPLICATION FOR SEASONAL EMPLOYMENT

## Instructions For Filing:

Complete both pages of this application and return to:

**CITY OF OSWEGO, PERSONNEL DEPT. 3<sup>RD</sup> Floor, 13 W. Oneida St. Oswego NY 13126**

NAME LAST FIRST M.I.			SOCIAL SECURITY NUMBER / /
ADDRESS STREET CITY STATE ZIP			TELEPHONE# ( )
Are you 18 years old or older? ___ Yes ___ No If not, what age: ___ Minimum age for hire: <b>16 years</b>		Are you a City of Oswego Resident? ___ Yes ___ No	
Do you have a Driver's License? ___ Yes ___ No Type _____			

Are you a veteran? \_\_\_\_\_ YES \_\_\_\_\_ NO

EDUCATION	Name & Location	Course/ Major	Type of degree /Graduated?	Dates Attended
HIGH SCHOOL				
COLLEGE OR BUSINESS SCHOOL				
GRADUATE SCHOOL				

Certificates or Special Training

### EMPLOYMENT HISTORY (Up to last 5 years)

NAME & ADDRESS OF EMPLOYER	FROM MO./YR.	TO MO./YR	KIND OF WORK OR POSITION	SALARY	REASON FOR LEAVING

Do you have any computer skills? \_\_\_ Yes \_\_\_ No  
If yes, specify:

Keyboarding skills? \_\_\_ Yes \_\_\_ No \_\_\_\_\_ WPM

Can you operate any other equipment?  
\_\_\_ Yes \_\_\_ No

If yes, specify: \_\_\_\_\_

Have you worked for the City of Oswego government before? \_\_\_ Yes \_\_\_ No

Which Department: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### Check job preferences

- |                                |                               |                         |
|--------------------------------|-------------------------------|-------------------------|
| 1. DOCKHAND _____              | 4. ICE RINK _____             | 7. OFFICE _____         |
| 2. CASHIER _____               | 5. PARKS _____                | 8. CROSSING GUARD _____ |
| 3. LIFEGUARD _____ (see below) | 6. LABORER, MAINTENANCE _____ |                         |

**For Lifeguard Only Check Below:** (Certification & Expiration Dates) ATTACH COPIES OF CERTIFICATION

<b>Lifeguard Training</b> Date Completed _____  EXPIRES _____	<b>First Aid</b> Date Completed _____  EXPIRES _____	<b>CPR/PR</b> Date Completed _____  EXPIRES _____	<b>Instructor</b> LGI _____ CPR/FA _____  WSI _____ EXPIRES _____
--	---	--	--

### FOR ALL APPLICANTS: Dates available to work

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Month / Day Month / Day

Will you have access to a car for work? \_\_\_ Yes \_\_\_ No

# APPLICATION FOR SEASONAL EMPLOYMENT

## PLEASE ANSWER ALL THE QUESTIONS

1. WERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS? **YES** \_\_\_\_ **NO** \_\_\_\_

2. DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL? **YES** \_\_\_\_ **NO** \_\_\_\_

3. DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE US WHICH WAS OTHER THAN HONORABLE, OR WHICH WAS ISSUED FOR OTHER THAN HONORABLE CIRCUMSTANCES? **YES** \_\_\_\_ **NO** \_\_\_\_

4. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (FELONY, MISDEMEANOR OR VIOLATIONS INCLUDING TRAFFIC INFRACTIONS)? **YES** \_\_\_\_ **NO** \_\_\_\_

5. HAVE YOU EVER FORFEITED A BAIL BOND POSTED TO ANSWER ANY CRIMINAL CHARGE (FELONY, MISDEMEANOR OR VIOLATION, INCLUDING TRAFFIC INFRACTIONS)? **YES** \_\_\_\_ **NO** \_\_\_\_

6. ARE YOU NOW UNDER CHARGES FOR ANY CRIME (FELONY, MISDEMEANOR OR VIOLATION INCLUDING TRAFFIC INFRACTIONS)? **YES** \_\_\_\_ **NO** \_\_\_\_

**IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE, YOU MUST GIVE AN EXPLANATION. ATTACH A PIECE OF PAPER. ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK.**

REFERENCES		
NAME	ADDRESS	PHONE (Business or Home)

**THIS AFFIRMATION MUST BE COMPLETED:** I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.) This application may be used for review by the prospective appointing authority as part of a background investigation.

**PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

**DATE:** \_\_\_\_\_ **APPLICANT'S SIGNATURE:** \_\_\_\_\_

**IF UNDER AGE 18, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED.**

"I have read my child's/ward's completed application form and hereby give my permission for him/her to be hired by The City of Oswego for the purpose of Seasonal Employment and I further give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Personnel Dept., City Oswego, and upon receipt by the Personnel Dept., City Oswego of said revocation my child's/ward's employment shall be terminated".

By my signature below, I hereby give my permission for \_\_\_\_\_ to submit to any and all forms of drug testing (such as urinalysis, breath, and or blood testing) as a condition of Seasonal Employment with The City of Oswego in accordance with The City of Oswego's Comprehensive Drug-Free Workplace Policy & Procedures.

**DATE:** \_\_\_\_\_ **SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_

PERSONNEL USE ONLY	DATE OF RECEIPT
--------------------	-----------------