



# Town of Brunswick

## Summer Program Employment Application

Applicants must be 15 years old or older by July 1, 2021.

Age 15 – 17 attach a copy of working papers.

Age 18 attach a copy of birth certificate

**NOTE: 15 Year Old employees are limited to the Gate and Boat positions at the Town Beach Only.**

**Please attach copies of CPR, First Aid, Lifeguard, Lifeguard Management, and Water Safety Instructor Certifications.**

### Positions

(Please check the position you're applying for)

Camp Counselor

Town Beach: Maintenance Worker, Gate Guard

Lifeguard

Name (Last, First, Middle) \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### If under 18 Years of Age:

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

***State your actual permanent legal residence and indicate for how long you have resided there continuously, up to and including date of this application:***

	Name of:	Year	Months
City of Village of:			
Town of:			
County of:			
State of:			
Name of School District			

Are you currently a U. S. Citizen?  Yes  No

Are you a Handicapped Person, requiring special arrangements?  Yes  No

The New York State of Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability or marital status accordingly. Nothing in this application form should be viewed as expressing directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, disability or marital status in connection with employment under the jurisdiction of the Town of Brunswick.

**License/Certification**

1. Are you currently certified in CPR and First Aid  Yes  No

2. If lifeguard are you Red Cross certified  Yes  No  
If yes, Attach certificate

**Experience**

Describe under the heading given below any employment or occupation you have ever had which includes experience that tends to qualify you for the position and as far as possible every other employment including service beginning with your most recent employment and work backward consecutively to your first one. Applicants may be required to furnish satisfactory proof of experience claimed.

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Please use this section for any additional information you may need/want to provide:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Sheet

*In Case of an emergency, please contact the following:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_

**Secondary Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_

**Medical Contact**

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Allergies/Medical Conditions**

Please list any allergies that you may have: \_\_\_\_\_

\_\_\_\_\_

Please note any special medical conditions and/or special medical instructions: \_\_\_\_\_

\_\_\_\_\_

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

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

\_\_\_\_\_  
Date