

**City of Canandaigua**  
**Department of Parks and Recreation & Public Works**  
**Seasonal Employment Application**  
*(please print legibly in ink or type)*

I would like to be considered for the following seasonal position(s):

- |                            |                          |   |
|----------------------------|--------------------------|---|
| Public Works/Parks Laborer | <input type="checkbox"/> | Public Works or Parks <i>(circle your preference)</i>   |
| Recreation Attendant       | <input type="checkbox"/> | Kershaw Park Gate Attendant                             |
| Recreation Assistant       | <input type="checkbox"/> | Day Camp or Kiddie Kamp <i>(circle your preference)</i> |
| Recreation Leader          | <input type="checkbox"/> | Must Also Complete Civil Service Application            |
| Senior Lifeguard/Lifeguard | <input type="checkbox"/> | Must Also Complete Civil Service Application            |
| Park Maintenance Assistant | <input type="checkbox"/> | Must Also Complete Civil Service Application            |

*\*Note: Recreation Leader, Senior Lifeguard, Lifeguard and Park Maintenance Assistant applications must use the standard Ontario County Civil Service Application and the application must be sent to and processed with the Human Resources Department.*

**1. Personal Information**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Last) (First)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

College Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Telephone No. \_\_\_\_\_ College Telephone No. \_\_\_\_\_ Cell Telephone No. \_\_\_\_\_  
(Area Code) (Area Code) (Area Code)

E-Mail Address (please print): \_\_\_\_\_

Have you ever been convicted of any crime (felony or misdemeanor)?  Yes  No If yes, give details.

**2. Educational Background**

	Name of School	Course or Major	Expected or Graduation Date
High School	_____	_____	_____
College	_____	_____	_____
Additional	_____	_____	_____

Have you ever been suspended or expelled from a school for disciplinary or academic reasons?  Yes  No  
If yes, explain: \_\_\_\_\_

**3. Licenses or Certifications**

Do you possess, or have you ever possessed, a valid New York State Driver's license?  Yes  No

If yes, complete the following:

Class: \_\_\_\_\_ License #: \_\_\_\_\_

Date issued: \_\_\_ / \_\_\_ / \_\_\_ Date expires: \_\_\_ / \_\_\_ / \_\_\_

Are there any current restrictions on your license?  Yes  No

If yes, list: \_\_\_\_\_

Please list any First Aid or CPR certifications:

Type of Certification

Expiration Date

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

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

#### 4. Work Related Experience

Please describe any work or volunteer experience that would qualify you for the position(s) you are applying for.

A. **Organization/Business** \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

B. **Organization/Business** \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

C. **Organization/Business** \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

Position Held \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**\*Important:** May we contact the above listed supervisors for references?  Yes  No If not, please explain.

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Please list dates Home for Spring Break or available for interview (if known)

\_\_\_\_\_

#### 5. References

(Please give names and addresses of three persons *not* related to you who can testify as to your work abilities and character.)

A. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

B. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

C. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

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STATE OF NEW YORK  
COUNTY OF ONTARIO

I, \_\_\_\_\_, being duly sworn, do hereby depose and say that I am the above named person and that I have completed the foregoing application and that I understand the contents. I further state that the answers contained herein are complete and correct in every respect. I understand also that any material misrepresentation of fact may be cause for rejection before appointment, or disqualification and prosecution after appointment.

I have also been informed that it is my responsibility to report to the City of Canandaigua personally any changes in material fact that I have supplied in this questionnaire. I understand that my failure to immediately report the aforementioned changes may be cause for my rejection before appointment or disqualification after appointment.

**ADDITIONALLY, I UNDERSTAND THAT THIS APPLICATION AND ALL RELATED DOCUMENTATION BECOME THE PROPERTY OF THE CITY OF CANANDAIGUA. ACCESS TO THIS INFORMATION IS RESTRICTED BY POLICY AND LAW.**

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IT IS A CRIME, PUNISHABLE AS A CLASS A MISDEMEANOR UNDER THE LAWS OF THE STATE OF NEW YORK, FOR A PERSON, IN AND BY WRITTEN INSTRUMENT, TO KNOWINGLY MAKE A FALSE STATEMENT, OR TO MAKE A STATEMENT WHICH SUCH PERSON DOES NOT BELIEVE TO BE TRUE.

Affirmed under penalty of perjury

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

SS#: \_\_\_ - \_\_\_ - \_\_\_                      DOB \_\_\_ - \_\_\_ - \_\_\_

Witnessed by City Employee: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

*Send this form and any additional documents related to your employment to:*

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**City of Canandaigua, Clerk/Treasurer's Office, 2 North Main Street, Canandaigua, NY 14424**

For additional information call (585) 396-5080.

#### **XIV. CREDIT REPORT**

Note: Section 380-g of New York's General Business Law requires that, when a consumer report contains criminal conviction information, the employer that requested the report provide the subject of the report a copy of Article 23-A. In addition, upon request of any individual with a prior conviction who has been denied employment, an employer must furnish that individual a written statement of the reasons for the denial of employment. N.Y. Corr. L. § 754.

#### **DISCLOSURE AND AUTHORIZATION**

**[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING]**

#### **DISCLOSURE REGARDING BACKGROUND INVESTIGATION AND A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

In connection with your application for employment, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, military records, professional licensure records, drug testing, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. These reports may contain information concerning the reasons for termination of past employment. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment services is an investigation into your education and/or employment history conducted by another outside organization. The scope of this notice and authorization is all encompassing, however, allowing the City of Canandaigua to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your service to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

*You have the right to inspect and receive a copy of your investigate consumer report requested by the City of Canandaigua by contacting the consumer reporting agency identified by the City. You may also contact the City of Canandaigua to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the City shall provide within 5 days.*

*Upon request, you will be informed whether or not a consumer report was requested by the City of Canandaigua, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.*

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION AND A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize, without reservation, the obtaining of “consumer reports”, “investigative consumer” reports, or criminal background checks by the City of Canandaigua at any time after receipt of this authorization and throughout my service, if applicable. I further authorize and request, without reservation, any present or former employer, school or university (public or private), any law enforcement agency, administrator, state or federal agency, institution, division of motor vehicles, information service bureau, insurance company, consumer reporting agencies, or other persons or agencies to furnish any and all background information requested by **the City of Canandaigua or any other outside organization** acting on behalf of the City. I also agree that a fax, electronic or photocopy of this Authorization with my signature shall be as valid as the original.

***NEW YORK APPLICANTS OR VOLUNTEERS ONLY:*** *By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF NEW YORK)

ss:

COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known, who, being by me duly sworn, did depose and say that he/she resides in the \_\_\_\_\_, of \_\_\_\_\_ New York; that he/she is the individual applicant described in and who executed the above instrument; and that he/she signed his/her name thereto with full knowledge and consent.

\_\_\_\_\_  
NOTARY PUBLIC