

# APPLICATION FOR SEASONAL EMPLOYMENT 2023

**INSTRUCTIONS FOR FILING: COMPLETE BOTH PAGES OF THIS APPLICATION AND RETURN TO:  
DEPARTMENT OF HUMAN RESOURCES, SUITE 100, 148 MARTINE AVENUE, WHITE PLAINS, N.Y. 10601**  
EARLY RETURN OF THIS APPLICATION IS SUGGESTED

NAME LAST	FIRST	MIDDLE	Last 4 digits of Social Security
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ADDRESS No.	STREET	APT.	CITY	STATE	ZIP	TEL. # ( ) CELL # ( )
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Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what age: _____ Minimum age for hire: <b>16</b>	Are you a Westchester County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail address _____
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EDUCATION					
Name & Location	Course/ Major	Type of degree	Dates attended From/To	Date degree received or expected	
HIGH SCHOOL					
COLLEGE OR POST HIGH SCHOOL					
GRADUATE SCHOOL					

Certificates or Special Training \_\_\_\_\_

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

NAME & ADDRESS OF EMPLOYER	FROM MO./YR.	TO MO./YR.	TYPE OF WORK OR POSITION	PAID OR UNPAID	REASON FOR LEAVING

Do you have any computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____	Can you operate any other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____
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In addition to English, are you fluent in any other language?  Yes  No If yes, specify: \_\_\_\_\_

Have you worked for Westchester County government before?  Yes  No Which Department: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check for job preference(s):

1. PARKS/ POOLS/GOLF COURSE _____	4. OFFICE _____
2. LIFEGUARD* _____ *Complete the separate Lifeguard Seasonal Application at <a href="#">Applications, Forms, Study Guides (westchestergov.com)</a>	5. LABORATORY WORK _____
3. LABORER, MAINTENANCE _____	6. CAMP INSTRUCTOR/COUNSELOR _____ For PUBLIC SAFETY SEASONAL PARK RANGER: Complete separate Application at <a href="#">Applications, Forms, Study Guides (westchestergov.com)</a>
	7. _____

<p><b>FOR ALL APPLICANTS: Dates available to work</b></p> <p>From _____ / _____ / _____ To _____ / _____ / _____ Month / Day                      Month / Day</p>	<p><b>Do you have a Driver's License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Type _____</p> <p><b>Will you have access to a car for work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Over _____</p>
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Where did you hear about this program/job?

Comments:

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 U.S. WHICH WAS OTHER THAN HONORABLE, OR WHICH WAS ISSUED FOR OTHER THAN HONORABLE CIRCUMSTANCES? YES \_\_\_ NO \_\_\_

**IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE, YOU MUST PROVIDE AN EXPLANATION, INCLUDING DATE, NATURE AND CURRENT DISPOSITION ON AN ATTACHED PIECE OF 8 1/2 X 11 PAPER.** None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK.**

**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.**

By accepting employment with the County of Westchester, I hereby agree to submit to any and all forms of drug testing (such as urinalysis, breath &/or blood testing) as a condition of Seasonal Employment with Westchester County in accordance with Westchester County's Comprehensive Drug-Free Workplace Policy & Procedures. I understand that if offered employment, I will be subject to the Westchester County fingerprinting policy under which my appointment may be conditioned on the results of a fingerprinting investigation.

**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 Westchester County 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 Westchester County Department of Human Resources, and upon receipt by the Department of Human Resources 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 &/or blood testing) as a condition of Seasonal Employment with Westchester County in accordance with Westchester County's Comprehensive Drug-Free Workplace Policy & Procedures.

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



**The County of Westchester is an Equal Opportunity Employer**