



APPLICATION FOR SEASONAL EMPLOYMENT

**INSTRUCTIONS FOR FILING: COMPLETE BOTH PAGES OF THIS APPLICATION AND RETURN TO:
CITY OF OSWEGO, PERSONNEL DEPT., 3RD FLOOR, 13 W. ONEIDA ST., OSWEGO, NY 13126**

NAME LAST FIRST M.I.	SOCIAL SECURITY # / /
ADDRESS No. STREET APT. CITY STATE ZIP	TEL. # () CELL # ()
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what age: <input type="text"/> Minimum age for hire: 16 If under 18 – working papers are required	Are you a City of Oswego Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail address: _____	

EDUCATION					Dates attended	Date degree received
	Name & Location	Course/ Major	Type of degree	From/To	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	SALARY	REASON FOR LEAVING

Do you have any computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____	Keyboarding skills? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> WPM	Can you operate any other equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify: _____
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Have you worked for the City of Oswego before? Yes No Which Department: _____
Reason for leaving: _____

Check for job preferences: **(PLEASE USE 1 APPLICATION PER CATEGORY)**

<u>SPRING/SUMMER</u> DOCKHAND _____ CASHIER _____ PARKS _____ LABORER/MAINTENANCE _____ LIFEGUARD _____ (see below)	<u>FALL/WINTER</u> ICE RINK _____ CASHIER _____ VOLLEYBALL _____	<u>OTHER</u> CROSSING GUARD _____
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For Lifeguard Only **Check Below:** (Indicate certification & expiration dates)

<u>Lifeguard Training</u>	<u>First Aid</u>	<u>CPR/AED</u>
Date Completed _____ EXPIRES _____ *Valid 2 years	Date Completed _____ EXPIRES _____ *Valid 2 years	Date Completed _____ EXPIRES _____ *Valid 1 year

FOR ALL APPLICANTS: Dates available to work

From _____ / _____ / _____ To _____ / _____ / _____
Month / Day Month / Day

Do you have a Driver's License? Yes No
Type _____

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

VETERANS STATUS: Are you a Veteran? YES _____ NO _____

Veterans of the Armed Forces and Active Duty members soon to be discharged wishing to be designated as a veteran or disabled veteran must submit copy of their discharge papers (form DD-214) showing dates of service and character of service. You may download the form at <http://www.oswegony.org> under Employment Opportunities Applications or call the Personnel Office at (315) 342-8159 to request a form be mailed to you.

COMPLETE ALL QUESTIONS:		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever resign from any employment rather than face discharge?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been convicted of any crime (felony or misdemeanor)? For crimes other than traffic tickets you must provide a Certificate of Conviction from the court as soon as possible.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you now under charges for any crime?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever forfeited a bail bond posted to answer any criminal charge (felony, misdemeanor or violation including traffic violations)?
If you answered (YES) to any of these questions, provide details on a separate 8 ½ x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.		
REFERENCES: List below the names of three individuals familiar with your ability to perform the job for which you are applying. These should NOT be relatives.		
NAME	ADDRESS	PHONE (BUSINESS OR HOME)

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.

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 City of Oswego Personnel Department, and upon receipt by the Personnel Department 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 the City of Oswego in accordance with the City of Oswego's Comprehensive Drug-Free Workplace Policy & Procedures.

DATE: _____ **SIGNATURE OF PARENT OR GUARDIAN:** _____

The City of Oswego is an Equal Opportunity Employer.

PERSONNEL USE ONLY	DATE OF RECEIPT
_____ APPROVED _____ CONDITIONAL: REASON _____ _____ DISAPPROVED BY: _____ DATE _____	