

# LAKE GEORGE PARK COMMISSION

75 FORT GEORGE ROAD, PO BOX 749  
LAKE GEORGE, NY 12845

# APPLICATION FOR EMPLOYMENT

<b>1. LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>
Street Address _____		
City _____	State _____	Zip Code _____

**2. LEGAL RESIDENCE** (if different from above address) \_\_\_\_\_

**3. EMPLOYABILITY**

- Social Security Number   —  —
- Do you have a legal right to accept employment in the United States?  Yes  No
- Proof of citizenship or immigration status will be required upon employment.

**4. POSITION FOR WHICH YOU ARE APPLYING:**

Title \_\_\_\_\_ Full Time

Location \_\_\_\_\_ Part Time

Date Available \_\_\_\_\_ Seasonal/Temporary

**TELEPHONE:** \_\_\_\_\_

**WORK:** \_\_\_\_\_

**HOME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**MINIMUM SALARY REQUIRED \$ \_\_\_\_\_ PER \_\_\_\_\_**

New York State Law prohibits discrimination because of age, race, creed, color, national origin, sex, sexual orientation, disability, marital status, or arrest record unless based upon a bona fide occupational qualification.

- Do you have a currently valid motor vehicle operator's license? Commercial  Non-Commercial

Enter Class of license \_\_\_\_\_ State \_\_\_\_\_

Expiration Date: \_\_\_\_\_

5. EDUCATION	Name of School and Location	Dates Attended		Number of years Credits	Did you Graduate?	Major Subject	College Credits	Degree Received
		Mo. Yr.	Mo. Yr.					
HIGH SCHOOL							XXXX	XXXX
COLLEGE								
POST GRADUATE EDUCATION								
OTHER COURSES OR TRAINING								

• If you have a New York State high school equivalency diploma, give number and year issued:

**6. EXAMINATION STATUS:** List any NYS Civil Service exams passed

EXAM TITLE	DATE	RANK OR SCORE

**7. SPECIAL LICENSES AND/OR CERTIFICATION**

Include any other information as to skills, training, experience, aptitudes, etc. (List any special licenses such as Professional Engineer's License, boating and/or Lake George experience, First Aid Courses, Red Cross Life Saving Certificate, Lifeguard Certificate, etc.)


**8. VETERAN'S STATUS:** Non-Veteran  Veteran (Not Disabled)  Disabled War Veteran

**NOTE:** To qualify for Veteran status, you must have received an honorable discharge or been released under honorable circumstances from active service of the U.S. and have been on active duty for any period of time between December 5, 1941 and December 31, 1946; June 27, 1950 and January 31, 1955; December 22, 1961 and May 7, 1975; August 2, 1990 to the date upon which such hostilities end; U.S. Public Health Service July 29, 1945 - September 2, 1945 or June 26, 1950 - July 3, 1952 OR have received the armed services expeditionary medal, the Navy expeditionary medal or the Marine Corps expeditionary medal for: Hostilities in Lebanon June 1, 1983 - December 1, 1987; Hostilities in Grenada October 23, 1983 - November 21, 1983; Hostilities in Panama December 20, 1989 - January 31, 1990; Hostilities in the Persian Gulf August 2, 1990 to the end of hostilities.

**9. EMPLOYMENT HISTORY**

NOTE: Begin with most recent employment and be sure to include any employment with the State of New York. **List all previous employers.** Add additional sheets if necessary. Candidates who have prior permanent State service may be eligible for reinstatement, depending on title and appointment type.

Dates (Month/Year)  From:  To:	Employer's Name	Job Title and Duties	Last Salary \$
	Street Address		<input type="checkbox"/> Annually
	City, State, Zip		<input type="checkbox"/> Hourly
Number of hours worked per week	Reason for Leaving	Supervisor's Name and Telephone Number	<input type="checkbox"/> Other

  

Dates (Month/Year)  From:  To:	Employer's Name	Job Title and Duties	Last Salary \$
	Street Address		<input type="checkbox"/> Annually
	City, State, Zip		<input type="checkbox"/> Hourly
Number of hours worked per week	Reason for Leaving	Supervisor's Name and Telephone Number	<input type="checkbox"/> Other

  

Dates (Month/Year)  From:  To:	Employer's Name	Job Title and Duties	Last Salary \$
	Street Address		<input type="checkbox"/> Annually
	City, State, Zip		<input type="checkbox"/> Hourly
Number of hours worked per week	Reason for Leaving	Supervisor's Name and Telephone Number	<input type="checkbox"/> Other

**10. RETIREMENT SYSTEM**

Are you a member of a New York public retirement system?  Yes  No  
 Do you receive benefits from a New York public retirement system?  Yes  No

If "Yes", name of retirement system \_\_\_\_\_ Registration No. \_\_\_\_\_

**11. If you answer "Yes" to any of the following, please explain under "REMARKS" or attach an additional sheet.**

Even if you answer "Yes" you may still be considered for employment.

Have you ever been convicted of a violation?  Yes  No

Have you ever been convicted of a crime?  Yes  No

You need to report **all** crimes and violations for which you were convicted. Crimes include felonies and misdemeanors. Violations include traffic violations. Juvenile offender convictions for murder, kidnaping, arson, assault, rape, sodomy, aggravated sexual abuse, burglary and robbery committed between the ages of 13 through 15 must be reported. Do not list adjudications as a youthful offender, person in need of supervision or juvenile delinquent.

Were you ever discharged from any employment for reasons other than lack of work or funds or have you ever resigned in lieu of disciplinary charges or termination?  Yes  No

**12. REMARKS** (Use this space or attach an additional sheet. For convictions, please list offense, date of conviction and name of court.

**13. AFFIRMATION:** My signature indicates that the statements made on this application and attachments are true. I understand that a false statement or omission could cause my dismissal if I am hired by the Lake George Park Commission. I also understand that a digitized photo identification from the New York State Department of Motor Vehicles will be required as a condition of employment.

<b>SIGNATURE</b>	<b>DATE</b>
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