

Town of Pound Ridge



Tel: 914-764-0947
Fax: 914-764-0102

RECREATION DEPARTMENT STAFF APPLICATION

POSITION APPLYING FOR: _____

LEGAL NAME: _____ D.O.B. _____

SOCIAL SECURITY #: _____ 18 YEARS OR OLDER? YES _____ NO _____

EMAIL: (Print clearly) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMERGENCY CONTACT NAME: _____ Number: _____

EDUCATION: YEAR IN HIGH SCHOOL _____ YEAR IN COLLEGE _____

NAME OF SCHOOL LOCATION GRADUATION YEAR COURSE OF STUDY

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

PREVIOUS EMPLOYMENT AND EXPERIENCE:

SUPERVISOR'S NAME AND PHONE# DATES FROM/TO TITLE AND DUTIES

1. _____

2. _____

REFERENCES: (Two in writing)

NAME ADDRESS RELATION PHONE #

1. _____

2. _____

3. _____

The answers to the foregoing questions are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Return to: Recreation Department, 179 Westchester Ave. Pound Ridge, NY 10576