

Attention Please Read Before Filling Out Application.

Please fill out application using a desktop computer rather than a cell phone.

If you are viewing this application in Internet Explorer, you can skip the following instructions.

If you are using an internet browser other than Internet Explorer, like Chrome, you must perform the following:

- 1. Download and save the PDF form to your desktop before filling the form out and submitting.** (Any information typed into the form will be lost.)
2. Open the saved PDF form from your desktop.
3. Fill out the PDF form completely.
4. Click on the “Submit” button at the bottom of the PDF form.
(You will then be instructed to save and email your PDF form.)

If there are any questions please email:
playlandjobs@westchestergov.com

Thank you.



Application for Playland Summer Employment

Early return of this application is suggested.

The minimum age for employment is 16.

2021Complete this application and click on submit or print and return to the address on the right,
or save and email your completed application to: playlandjobs@westchestergov.com**You must fill out all applicable fields. All required fields are outlined in red****Playland Park
Playland Parkway
Rye, NY 10580
Attn: Human Resources Dept.****Personal Information**

Last		First		Middle	Social Security Number (Last four digits only)
Name:					
Number	Street	City	State	Zip	Applicant Phone Numbers Home: Cell:
Address:					
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, age? _____ Minimum age for hire is 16		Are you a Westchester County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant's E-mail address _____	

Education

	Name and Location	Attendance Dates	Course or Major	Date Degree Received or Expected
High School				
College or Business School				
Graduate or Professional School				

Certificates or Special Training: _____

Employment History

(Last 5 Years)

Name and Location of Employer	From Month/Year	To Month/Year	Type of Work or Position	Paid or Unpaid	Reason for Leaving

Have you worked for Westchester County Government before? ☐ Yes ☐ No Which Department: _____
Reason for leaving: _____In addition to English, are you fluent in any other language? ☐ Yes ☐ No If yes, specify: _____

Do you have any computer skills? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	Keyboarding skills? <input type="checkbox"/> Yes <input type="checkbox"/> No Words per minute: _____	Can you operate any other equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____
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Place a number "1" next to your first choice, a number "2" next to your second choice and a number "3" next to your third choice below.

1. Cashier _____	6. Restroom Attendant _____	11. Management _____
2. Ride Operator _____	7. Beach/Pool Attendant _____	12. Office Clerk _____
3. Kiddyland Operator _____	8. Maintenance _____	13. Other (please indicate) _____
4. Sweeper/Garbo Attendant _____	9. EMT _____	
5. Admissions/Ride Attendant _____	10. Lifeguard _____	

(Only choose three positions please)

Dates available to work: from _____ to _____ Month/Day Month/Day	Do you have a Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____
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Availability

Which months are you available to work weekends?

April ☐ Yes ☐ No **May** ☐ Yes ☐ No **June** ☐ Yes ☐ No **July** ☐ Yes ☐ No **August** ☐ Yes ☐ No

I am available to begin working **every day** beginning on: April ____ May ____ June ____ July ____ August ____

Can you work the following?

Saturdays <input type="checkbox"/> Yes <input type="checkbox"/> No	Sundays <input type="checkbox"/> Yes <input type="checkbox"/> No	Holidays <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekdays <input type="checkbox"/> Yes <input type="checkbox"/> No	Evenings <input type="checkbox"/> Yes <input type="checkbox"/> No
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List hours and days you are available to work.

Day of week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From (time)							
To (time)							

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 United States 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 give specifics, including date, nature and current disposition. Email or mail to above address an additional 8 ½ x 11 sheet. Your application will not be processed until we receive it. 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 and/or blood testing) as a condition of Seasonal Employment in accordance with Westchester County's Comprehensive Drug-Free Workplace Policy and Procedures. In addition, 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 (mm/dd/yy): _____ ***Typing your full name into the box to the right is acknowledging you agree to the above statements.** Applicant's Signature: _____

If under age 18, parent or guardian is required to read the statement below and type their full name before application can be submitted.

"I have read my child's or ward's completed application form and hereby give my permission for him or her to be hired by Westchester County for the purpose of seasonal employment and I further give my permission for him or 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 the applicant stated above to submit to any and all forms of drug testing (such as urinalysis, breath, and/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 (mm/dd/yy): _____ ***Typing your full name into the box to the right is acknowledging you agree to the above statements.** Signature of Parent or Guardian: _____

***Please note: Written signature will be required if hired.**