

April 2025

Dear Applicant:

Thank you for your interest in working for the Fredonia-Pomfret Recreation Department. To be considered for employment you must be at least 16 years of age and available to work weekdays from 9am-4pm starting on Monday, June 30, 2025- Friday, August 1, 2025. Those applying MUST be available for the entire recreational calendar, so that we can ensure full programming for the Fredonia-Pomfret Youth.

This season I will be accepting applications for the following positions:

- Playground Attendants
- Per diem playground Attendants (substitutions to cover full-time absences)
- Lifeguards (you MUST hold a Red Cross Certification)

If you have a background in a sport that you are comfortable coaching to Elementary aged children, please indicate such on your application. Also, while holding First Aid/CPR/AED Certification is not required to work as an attendant, preference will be given to applicants who do.

Please completely fill out the Chautauqua County Application for Employment, found on the Village of Fredonia Website and return to Fredonia Village Hall (Attention to the Fredonia Recreation Department) no later than Friday, May 2, 2025. Any applications turned in after this date will NOT be considered. An interview process will take place mid May 2025, so that all applicants will have knowledge of employment status by Memorial Day weekend.

If you have any questions, please don't hesitate to email me at fredrec@netsync.net.

Sincerely,

Kayla D. Sullivan
Director
Fredonia-Pomfret Recreation Department



CHAUTAUQUA COUNTY APPLICATION FOR EMPLOYMENT AND EXAMINATION
 COMPLETED AND SIGNED APPLICATION MUST BE PRINTED AND MAILED OR DELIVERED TO:
 Human Resources, 3 N. Erie Street, Room 144, Garage Office Building, Mayville, NY 14757-1007
 Phone (716) 753-4237 • Fax (716) 753-4686
 Email CCHRS@chqgov.com • Website www.chqgov.com

Carefully read the appropriate announcement before completing this form. Answer all questions with complete and detailed information. An incomplete application may result in disqualification. This application is used for employment within Chautauqua County Civil Service and may be part of your examination. All statements are subject to verification. If you need assistance or reasonable accommodation in the application process, please contact our office. Send completed application via fax, email or in person.

1. APPLICANT INFORMATION (Please Type or Print Legibly)			
Exact Job or Examination Title:		Exam Number:	<small>Check Exam Announcement for exam numbers & fees. Checks Money Orders are payable to the Director of Finance.</small>
Last Name:	First Name:	MI:	Social Security Number:
	(Street)	(City)	(State) (Zip)
Mailing Address:			
Daytime Phone Number:	Other Phone Number:	Email Address:	
Please provide any other assumed name(s) or nickname(s) relevant to enable a check on your work record:			
Are you <u>under</u> the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No, if <u>YES</u> , enter your date of birth: mm/dd/yyyy			
2. RESIDENCY/CITIZENSHIP: State your permanent legal residence and indicate how long you have continuously resided at the location up to the date of this application. IMPORTANT: This section may determine your residency for employment.			
School District:	City/Village:	Town of:	
County of:	State:	Resided for how long? Years: Months:	
Residence Address: (<u>ONLY</u> if different from your mailing)			
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Employment is contingent upon the provision of proof of the right to accept employment in the United States.			
3. DRIVER'S LICENSE (ALL applicants must complete this section)			
Do you have a valid New York State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have one from any other State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you have a valid Driver's License, please provide the following information:			
State:	Class:	ID:	Endorsements: Restrictions:
Do you have 5 or more years of Driving experience? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of any motor vehicle violations (including speeding tickets) in the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, please explain:			
4. UNIFORMED APPLICANTS ONLY (Examples - Correction Officer, Court Security, Deputy Sheriff, Firefighter, and Police Officer)			
Have you completed the Basic Police Officer Training or Sheriff's Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No (if YES, please list the school under section 5)			
Do you have a valid New York State Pistol Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF BIRTH: mm/dd/yyyy	
Have you ever been convicted of any crime (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

5. EDUCATION – Positions and examinations may require specific course work. On an attached sheet, list the courses that you have completed. If you claim credit for a partially completed college curriculum attach a list of completed courses and credit or semester hours. Indicate how many credit hours or courses are required for graduation. Do NOT send an OFFICIAL transcript unless requested on the examination announcement.

Do you have a High School/Equivalency Diploma? Yes No If No, indicate highest grade completed: _____
 Name of High School or Issuing Governmental Authority: _____

Name and Location of College, University, or Technical Schools	Course of Study (Major/Minor)	Credits Completed	Degree/Certificate Received	Degree/Certificate Received/Completed or Expected mm/yyyy

6. Complete the following field if you possess a license, certificate or other authorization to practice a trade or profession. If not currently licensed, check this box
Examples of Trade Licenses and/or Certificates: Peace Officer, Registered Professional Nurse, Licensed Practical Nurse, Certified Occupational Therapy Assistant, Wastewater or Water Treatment Plant Operator, Emergency Medical Technician (EMT), CPR, Automated External Defibrillator (AED) and First Aid.

Professional or Trade Licenses	License Number	Specialty Granted By	City or State Issued by	Registered mm/dd/yyyy From: To:
Professional or Trade Licenses	License Number	Specialty Granted By	City or State Issued by	Registered mm/dd/yyyy From: To:

7. GENERAL INFORMATION FOR APPLICANTS:

Change of Address, Name or Email - You are responsible to notify our office of any address, name & email changes. A change of address/name/email form is available on our website, under Forms and Applications, or at our Mayville office. Failure to do so may delay or prevent, our ability to send you important notices concerning an examination. We cannot make allowances for notices to candidates not received on a timely basis due to an improper address, name or email.

Background Investigation - Applicants may be required to undergo a state and/or national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet the standards for the background investigation may result in disqualification.

How did you hear about this job?

- Posted Notice
 County Website
 College/School
 Community Organization
 Internet Website (Facebook, Indeed etc.) _____ NYS Employment Office
 Newspaper _____ Other _____

8. EMPLOYMENT AND EXPERIENCE: We will not refer to resumes or other applications on file. You are responsible for submitting an accurate, complete and clear description of your experience. If your responsibilities change within any employer, indicate such change as separate experience. Include part time, volunteer and military experience, which may be prorated. *If more space is needed, attach an additional copy of this page.*

<small>(Start With Most Recent)</small>	
EMPLOYER:	Type of Business:
Address:	MO YR MO YR Dates Employed: From To
Supervisor's Name:	Total <u>Average</u> Hours Per Week
Position Title:	Check the Box if Your Responsibilities Included: Supervision of Employees <input type="checkbox"/> Typing/Data <input type="checkbox"/>
List Responsibilities:	
Reason for Seeking Other Employment/Leaving: May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER:	Type of Business:
Address:	MO YR MO YR Dates Employed: From To
Supervisor's Name:	Total <u>Average</u> Hours Per Week
Position Title:	Check the Box if Your Responsibilities Included: Supervision of Employees <input type="checkbox"/> Typing/Data <input type="checkbox"/>
List Responsibilities:	
Reason for Leaving: May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYER:	Type of Business:
Address:	MO YR MO YR Dates Employed: From To
Supervisor's Name:	Total <u>Average</u> Hours Per Week
Position Title:	Check the Box if Your Responsibilities Included: Supervision of Employees <input type="checkbox"/> Typing/Data <input type="checkbox"/>
List Responsibilities:	
Reason for Leaving: May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. EXAMINATION APPLICANTS ONLY: (If NOT applying for an EXAM SKIP to section 10)

MULTIPLE EXAMS – Have you applied to take an examination with New York State, or any other County, Town, or City that will be held on the same date? Yes No. If **YES**, please attach a Cross-File Application Form located on our website under Forms and Applications or call our office to have one mailed to you.

EXAMINATION APPLICATION FEE/WAIVER – Civil Service Law Section 50.5(b): "... fees shall be waived for candidates who certify to the state civil service department, a municipal commission or regional commission that they are unemployed and primarily responsible for the support of a household, or are receiving public assistance."

NO. I do not wish to apply for an **EXAMINATION FEE WAIVER**. Fee amount can be found on Examination Announcement Enclosed is a Check or Money Order Payable to the **DIRECTOR OF FINANCE**. **CASH** will not be accepted.

YES. I wish to apply for an **EXAMINATION FEE WAIVER** for this examination.

Check all boxes that apply to you:

- Unemployed and primarily responsible for support of a household. **NOTE: Individuals who can be claimed as a dependent on any other person's tax return ARE NOT eligible for application fee waiver as head of household.**
- Eligible for Medicaid
- Receiving Supplemental Security Income (SSI) payments
- Receiving Public Assistance (Temporary Assistance for Needy Families/Family Assistance or Safety Net Assistance)
- Certified Job Training Partnership Act/Workforce Investment Act eligible through a State or local social service agency

VETERAN'S CREDITS – If you are a Veteran or an Active Duty member of the United States Armed Forces you may be eligible for veteran credits.

Yes. I wish to apply for **VETERAN'S CREDITS** for this examination. (If **NO** skip to section 10)

Yes No I am serving or have served in the Armed Forces. Yes No I am a New York State Resident.

Yes No I expect to receive or already have received a discharge that was honorable or release under honorable circumstances from the Armed Forces of the United States. The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by Law, on a full-time active duty basis other than active duty for training purposes.

If you have answered **YES** to all the questions, please attach a **Veteran's Credit Application form**, which can be found on our website under employment **FORMS & APPLICATIONS** tab, along with a copy of your DD214.

10. APPLICANT AFFIRMATION – PLEASE READ AND SIGN

I affirm under penalties of perjury that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I further understand, I may be required to submit to a urinalysis test as a condition for employment. Applicants may also be required to undergo a State and national criminal history background investigation, which will include a fingerprint check, to determine suitability for appointment. Failure to meet standards for the background investigation may result in disqualification.

SIGNATURE OF APPLICANT

original signature required

DATE

PRINT NAME

CHAUTAUQUA COUNTY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is Chautauqua County's policy to not discriminate on the basis of race, color, religion, creed, sex, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, gender identity or expression, genetic information, or any other class of individuals protected from discrimination under state or federal law. Employment decisions are based on qualifications, merit and business needs.