



MUST BE 16 YEARS OLD BY JUNE 1ST FOR CONSIDERATION. MANY POSITIONS REQUIRE YOU TO BE AT LEAST 18 YEARS OLD.

IF YOU ARE INTERESTED IN SEASONAL EMPLOYMENT PLEASE RETURN THIS APPLICATION TO KINGSTON PARKS AND RECREATION OFFICE NO LATER THAN APRIL 30TH.

**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY TO BE CONSIDERED FOR EMPLOYMENT.
SEE BACK OF THIS PAGE FOR ADDITION INFORMATION**

Name _____
First Middle Initial Last

Address _____ City _____ ST _____ Zip _____

Email Address _____ Date of Birth ____/____/____

Telephone (cell) _____ Social Security No. ____-____-____

EDUCATION

High School Attended _____

Did you graduate? If no what grade are you currently in? _____

College Attended _____

Did you graduate? What is your degree in? _____

If no what year are you currently in? _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____ Contact Number _____

WORK EXPERIENCE

Name of Employer: _____ Employment Dates _____

Employer Contact Information _____

Job Duties: _____

Name of Employer: _____ Employment Dates _____

Employer Contact Information _____

Job Duties: _____

Name of Employer: _____ Employment Dates _____

Employer Contact Information _____

Job Duties: _____



REFERENCES

Please list two references. They may not include family members.

Name _____ Name _____
Contact Information _____ Contact Information _____
Relationship _____ Relationship _____

Do you have a driver's license? _____

List any certifications:

_____ Exp. Date: _____

_____ Exp. Date: _____

SEASONAL POSITION

Position applying for _____

Did you work for the City of Kingston in the past? _____

What position did you work for the City of Kingston _____

AVAILABILITY

Earliest available starting date: _____

Last available working date for 2021: _____

PLEASE LIST ALL DATES YOU WILL BE UNABLE TO WORK

Interviews and pre-camp trainings will be required by all who are hired to work for the 2021 season.

I declare, subject to penalty of perjury and termination from the employment, that the statements made in the application are true to the best of my knowledge.

Signature: _____ Date: _____

Return this form to Carole Huppert (845) 481-7330 at
467 Broadway
Kingston, NY 12401
Or email it to CHuppert@kingston-ny.gov