

TOWN OF LEWISBORO

RECREATION AND PARKS DEPARTMENT

parks@lewisborogov.com

APPLICATION FOR APPOINTMENT AS: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

Phone: _____ Email: _____

EDUCATION

	Name& Location	No. of Yrs Completed	Graduated Yes/No	Dates of Attendance	Course/Major
High School					
College/Other					

PREVIOUS EMPLOYMENT AND EXPERIENCE

Name and Address of Employer	Dates From/To	Title and Duties	Salary	Reason for Leaving

Certifications that you have and will hold through employment (CPR, RTE, First Aid, Water Safety Instruction, Lifeguard Training, etc.)

TITLE OF CERTIFICATION	DATE OF EXPIRATION

What other position(s) would you be interested in if not hired for the one you originally requested:

The answers to the foregoing questions are true and correct to the best of my knowledge and belief, and I fully understand that any willful misstatement of material facts may lead to disqualifications from work for the jurisdiction.

Date: _____

Signature: _____

RETURN TO: Town of Lewisboro
 Parks & Recreation Department
 99 Elmwood Road
 South Salem, NY 10590

DATE RECEIVED: _____