

Brayton McK. Connard, SPHR, Director of Human Resources  
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www.monroecounty.gov



## SUMMER EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ County \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you 18 years of age or older?  yes  no Have you received a High School or General Equivalency diploma?  yes  no

School attended above High School: \_\_\_\_\_

Name Location Course Credits Completed Degree

When can you begin to work? Date: \_\_\_\_\_ Need to end work? Date: \_\_\_\_\_ Can you work weekends?  yes  no

**Date(s) you are available for pre-employment drug testing:** \_\_\_\_\_

### Please list previous employment (Include Monroe County):

Name of Employer Employment Dates Job Duties

\_\_\_\_\_

\_\_\_\_\_

**Position(s) you would accept:** **Parks:**  Seasonal Laborer  Seasonal GEO  Lifeguard\*\* - Do you hold current lifeguard certifications?  yes  no

Park Preference: \_\_\_\_\_

(\*must be available through Labor Day)

**Dept. of Transportation:**  Seasonal Laborer

**Dept. of Environmental Services:**  Laboratory Aide\*

**Dept. of Public Health:**  Environmental Aide\*

**Other:** \_\_\_\_\_

(\*Applicants must include student transcript with application)

Have you ever been convicted of any violation of law other than a minor traffic violation?  yes  no - An answer of Yes to this question does not represent an automatic bar to employment. Each case is considered and evaluated in relation to the duties and responsibilities of the position for which you are applying.

Do you have a valid NYS Driver's license?  yes  no If so, what class? \_\_\_\_\_

Can you obtain daily transportation to any work site in Monroe County?  yes  no

I declare, subject to the penalty of perjury and termination from employment, that the statements made in this application are true to the best of my knowledge. I further understand, and will otherwise submit thereto, that in accordance with the County's pre-employment drug testing program, I will be required to submit to a urinalysis test as a condition for employment.

Signature

Date

New York State Law prohibits discrimination on the basis of age, sex, race, color, national origin, disability, marital status, or sexual orientation.

An Equal Opportunity Employer

**MONROE COUNTY**

COUNTY ORG #: \_\_\_\_\_ SAP ORG #: \_\_\_\_\_ COST CENTER #: \_\_\_\_\_

SS#: \_\_\_\_\_ SAP PERSONNEL #: \_\_\_\_\_ (if known)

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MINORITY CODE: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_ / \_\_\_\_\_ /2011

BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ # OF EXEMPTIONS: \_\_\_\_\_

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TITLE: \_\_\_\_\_ TIME ADM CODE: \_\_\_\_\_

JBCD: \_\_\_\_\_ SAP POSITION #: \_\_\_\_\_ GROUP/STEP: \_\_\_\_\_

HOURLY RATE: \_\_\_\_\_ WRK SCH CODE: POS-PART

STATUS: S SCHD: H SLCD: H

DRUG TESTING: YES X NO \_\_\_\_\_ (For Safety Sensitive Designated Or DOT Regulated Positions)

DEPT. HEAD SIGNATURE \_\_\_\_\_

DATE