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Maggie Brooks
County Executive

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: _____

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