



MUST BE 16 YEARS OLD (*15 YEARS OLD FOR LIFEGUARDS ONLY) BY JUNE 1ST FOR CONSIDERATION FOR ALL POSITIONS EXCEPT FOR CAMP DIRECTOR, WHICH REQUIRES APPLICANTS TO BE AT LEAST 21 YEARS OLD. IF YOU ARE INTERESTED IN SEASONAL EMPLOYMENT PLEASE RETURN THIS APPLICATION TO KINGSTON PARKS AND RECREATION OFFICE NO LATER THAN APRIL 11TH.

**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. ____-____-____

SEASONAL POSITION

Position applying for _____

Have you worked for the City of Kingston in the past? _____

If so, what position did you work in? _____

EDUCATION

High School Attended _____

Did you graduate? If not, what grade are you currently in? _____

College Attended _____

Did you graduate? What is your degree in? _____

If not, 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: _____

AVAILABILITY

Earliest available starting date: _____
Last available working date for 2025: _____

PLEASE LIST ALL DATES YOU WILL BE UNABLE TO WORK:

Interviews will be held for consideration. If hired to work for the 2025 season, trainings will be mandatory in order to proceed.

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 the Parks and Recreation Office at
467 Broadway
Kingston, NY 12401
or e-mail to ejohnson@kingston-ny.gov