

1965-2022

57 Years of Service  
to the Community

# SMITH'S CLOVE PARK

EST 1965

133 Spring Street Monroe NY 10950

Activity Line 845 783.9108

[www.smithsclovepark.org](http://www.smithsclovepark.org)

**Monroe Joint  
Parks &  
Recreation  
Commission**

**Chairman:**  
Chris Sullivan

**Adm. Chairman:**  
Erika Schudde

**Commissioners:**  
Andrew Calvano  
Mary Beth Burton  
Tony Schaffer  
Robert Cordisco  
Kevin Metcalf  
Yesenia Lendor

**Secretary:**  
Priscilla C. Chang-  
Staley

**Park Manager:**  
John Mulligan

**Attorney:**

**Recreation  
Director:**  
Joseph Mancuso

## **Employee Seasonal Laborer Package**

**Enclosed you will find:**

- **The Job Posting**
- **The Town of Monroe Application**
- **The Orange County Application**

**Please return both applications, the Town of Monroe and the Orange County, to this office. Do not return to the County.**

**Any Questions you can contact Joe at the Park Office  
845 783.9108**

**Thank you**

**Job Posting:**  
**Seasonal Laborer, Smith's Clove Park**

The Monroe Joint Park and Recreation Commission is seeking a Seasonal Laborer for the Maintenance Department. Eligible candidates must be 18 years of age and possess a valid NYS Driver's License.

Hours are 7:30-4:00pm Monday thru Friday.

Responsible for assisting with the daily maintenance of buildings, ball fields, sport courts, landscaping comfort stations, dog park playgrounds and interaction with the public.

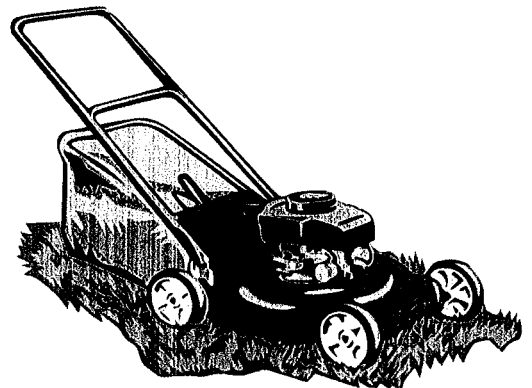
Salary commensurate with knowledge and experience.

Employment Package, with applications, are available in person at the Park Office or on the Park's web-site [www.smithsclovepark.org](http://www.smithsclovepark.org). or email [activities@monroeny.org](mailto:activities@monroeny.org) to request the package.

Applications should be returned to the Park Office; Smith's Clove Park, 133 Spring Street, Monroe NY 10950.

845.783.9108

The Park Commission is an  
Equal Opportunity Employe





# TOWN OF MONROE

## EMPLOYMENT APPLICATION

TOWN USE ONLY		
<b>Candidate Name</b>	_____	
<b>Civil Service Job Title:</b>	_____	
<b>Civil Service Job Classification:</b>	<input type="checkbox"/> Competitive <input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Competitive <input type="checkbox"/> Labor
<b>Interview Cycle (as applicable):</b>	<b>Initials</b>	<b>Date</b>
Department Head	_____	____/____/____
Personnel Dept	_____	____/____/____
Town Supervisor	_____	____/____/____
Other	_____	____/____/____

*This application is for internal use only by the Town of Monroe and should not be filed with the Orange County Personnel Department.*

# TOWN OF MONROE Employment Application

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate such. We appreciate your interest in employment with the Town of Monroe.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to sex, (including gender identity and the status of being transgender), sexual orientation, race, color, national origin, religion, disability, pregnancy, age, marital status, veteran status, military status, arrest or conviction record, genetic information or predisposing characteristics, domestic violence victim status, or any other protected class or status. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Town Supervisor's Office. This application for employment will be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should reapply by completing another employment application.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		E-Mail Address	
	Address		Phone Number	
	City		State	Zip
	Position Applied For		Salary or Hourly Wage Desired	
	Are You Available to Work		Date Available For Work	
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			
	How were you referred to the Town of Monroe?			
	<input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Civil Service Job Posting <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____			
	Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, may we contact you: employer to obtain employment information?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever filed an application or interviewed for employment with the Town of Monroe?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give month and year ____/____/____				
Have you ever been employed with the Town of Monroe before?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give dates From ____/____/____ To ____/____/____				
Are you legally eligible for employment in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Employment eligibility verification will be required upon employment.</i>				
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Not Applicable		
If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Not Applicable		

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	Number of Years Completed <i>(do not give dates)</i>	Course of Study	Diploma or Degree Obtained
	High School or Preparatory School				
	College				
	Other				

<b>SKILLS</b>	Typing Speed: _____ WPM	Data Entry: _____ # Numeric Keystrokes/Hour	_____ # Alpha Keystrokes/Hour
	Computer Skills:		
	List certificates, licenses (including driver license or CDL endorsement) or professional achievements that would support your qualifications for employment:	List any additional skills, technical or professional knowledge that you feel would support your application:	
	If you are applying for a position which requires a Commercial Driver License, provide Driver License Number here:		

List your previous four (4) employers whether or not they seem relevant to the position for which you are applying.

<b>Present or Last Employer</b>			
Name of Employer			Phone Number
Address	City	State	Zip
Employment Dates (Month/Year)			Salary
Title of Position	Name and Title of Supervisor		
Description of duties, responsibilities and significant accomplishment:			
Reason for leaving			

<b>Next Previous Employer</b>			
Name of Employer			Phone Number
Address	City	State	Zip
Employment Dates (Month/Year)			Salary
Title of Position	Name and Title of Supervisor		
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

<b>Next Previous Employer</b>			
Name of Employer			Phone Number
Address	City	State	Zip
Employment Dates (Month/Year)			Salary
Title of Position	Name and Title of Supervisor		
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

Next Previous Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)		Salary	
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

U.S. MILITARY HISTORY			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty

References (Other than relatives or former supervisors; list three)			
Name/Occupation		Phone Number	
Address	City	State	Zip
			Years Known
Name/Occupation		Phone Number	
Address	City	State	Zip
			Years Known
Name/Occupation		Phone Number	
Address	City	State	Zip
			Years Known

Conviction Record Status		
Have you ever been convicted of and/or plead guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. <b>Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the Town.</b> The nature of the violation and all other appropriate circumstances will be considered. The Town reserves the right to reject individuals for employment based on job-related convictions.		
Date	County/State	Conviction/Explanation

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form and understand that the Town of Monroe will conduct a background and consumer credit check. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local rules and regulations and/or collective bargaining agreements. For positions subject to the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment with the Town of Monroe, a pre-employment controlled substance test will be required and must be passed.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

# ORANGE COUNTY APPLICATION FOR EXAMINATION/EMPLOYMENT

MAIL OR HAND DELIVER TO:

**DEPARTMENT OF HUMAN RESOURCES  
ORANGE COUNTY GOVERNMENT CENTER  
255-275 MAIN STREET, GOSHEN, NY 10924-1627  
TELEPHONE: (845) 291-2707  
WWW.ORANGECOUNTYGOV.COM**

*Carefully read the appropriate examination announcement before completing this application. This application is part of your examination and must be filled out completely and accurately. Answer all questions fully and carefully. Print legibly in ink or typewrite. Attach additional sheets if necessary in order to give complete and detailed information.*

1. If you are filing for more than one examination on this application be sure that they are all **SCHEDULED TO BE HELD ON THE SAME DATE** (check the announcement for each examination). If you wish to file for examinations being held on different dates, submit a separate application for each date.

Exam #s (if applicable)	Exam Date (if applicable)	Exam Name OR Title of Position	Human Resources Use Only
			#1 A C D
			#2 A C D
			#3 A C D
			#4 A C D
			#5 A C D

**2. SOCIAL SECURITY NUMBER**

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**3. FULL NAME/LEGAL RESIDENCE\***

Last name	First Name	Initial
Street Address		
City	State	Zip Code
Mailing Address (if different from legal residence)		
Phone # _____		

**\*NOTIFY THIS DEPARTMENT IMMEDIATELY OF ADDRESS CHANGES\***

- 4. RESIDENCY:** State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **THIS SECTION WILL DETERMINE YOUR ELIGIBILITY (IF ANY) FOR CERTIFICATION ON A RESIDENT LIST.**

**YRS    MOS**

VILLAGE OF _____		
TOWN OF _____		
COUNTY OF _____		
STATE OF _____		
SCHOOL DISTRICT _____		

- 5. SPECIAL ARRANGEMENTS:** Check box below if you need special accommodations to participate in the exam:

Religious Observer – for religious reasons cannot be tested on date of examination.

Other \_\_\_\_\_   
(requires supporting documentation)

Individuals with disabilities – under remarks on (page 4) indicate the type of assistance required.

Are you taking exams with NYS or any other County or City that are being held on the same date as the exam(s) you are applying for with Orange County?  Yes\*  No  
\*If yes, please attach a Cross-Filer Form which can be found on our website.

- 6. VETERANS CREDITS:** If you are serving, or have served, in the armed forces of the United States on a full-time active duty basis during wartime, you may be eligible to receive credits as a Disabled or Non-Disabled Veteran.

YES\*, I WISH TO CLAIM CREDITS AS A NON-DISABLED VETERAN, PLEASE SEND APPLICATION

YES\*, I WISH TO CLAIM CREDITS AS A DISABLED VETERAN, PLEASE SEND APPLICATION & AUTHORIZATION FOR DISABILITY RECORD

NO, I DO NOT WISH TO CLAIM VETERANS CREDITS

\*Please complete and attach Application for Veterans' Credits which can be found on our website.

**7. E-MAIL ADDRESS:**

**8. CHECK APPROPRIATE BOX TO RIGHT OF EACH QUESTION**

YES NO

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds?  YES  NO
- B. Did you ever resign from any employment rather than face dismissal?  YES  NO
- C. Did you receive a **dishonorable** discharge from the armed forces of the United States?  YES  NO
- D. Have you ever been convicted of any crime (felony or misdemeanor)? **If so, please submit a Certificate of Conviction with your application.**  YES  NO
- E. Are you now under charges for any crime (felony or misdemeanor)?  YES  NO
- F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge?  YES  NO

**Convictions will not necessarily disqualify you from taking an exam but may bar you from appointment.**

**If you answered "YES" to any of the questions above, please provide specifics under "REMARKS". If you elect not to provide specifics or if such explanation is insufficient, a confidential inquiry will be sent to you.**

9. A. If minimum and/or maximum age limits are established for the position please enter your date of birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

B. If citizenship is a requirement for the position for which you are applying, please answer the following:  
Are you a citizen of the United States? YES  NO

C. If not a citizen, do you have the legal right to accept employment in the United States? YES  NO   
Please provide Alien Registration Number: \_\_\_\_\_

D. Are you a retiree from New York State or any civil division thereof? YES  NO

E. Are you an Exempt Firefighter? YES  NO

10. Do you possess a valid license to operate a motor vehicle in New York State? YES  NO  CLASS: \_\_\_\_\_  
By your signature on page 4 of this application you are attesting this statement is true. STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

11. **LICENSES:** If a license, certificate or other authorization to practice a trade or profession is a requirement of the position for which you are applying, complete the following question: (attach copy)

Trade/Profession \_\_\_\_\_ City/State \_\_\_\_\_  
License/Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Licensing Agency \_\_\_\_\_ IF NOT currently licensed check this box

12. **EDUCATION:** Do you have a high school or equivalency diploma? YES  NO

**COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL INFORMATION**

Name & Location of School	Attendance Dates (Mo/Yr) From To	Course or Major Subject	#Credits Rec'd	Degree Rec'd	Date of Degree
Other Schools or Special Courses					

HAVE YOU PREVIOUSLY SUBMITTED PROOF OF EDUCATIONAL ACHIEVEMENTS? YES  NO



13. Do you object to this department making inquiry regarding your character and qualifications from your present employer?

YES  NO  If answer is "YES" please explain under REMARKS.

14. **DESCRIPTION OF EXPERIENCE:** Beginning with your most recent experience, describe in detail all employment that is **pertinent** to the required minimum qualifications indicated on the exam announcement for the title for which you are applying. Omissions or vagueness will **NOT** be interpreted in your favor. If relevant volunteer experience is acceptable as qualifying, describe it in the same way as paid work. If you have had military service which included experience pertinent to the position, describe such experience as a separate employment. Under "Duties" for each employment describe the nature of the work which you personally perform and the percentage of time spent in each function. If you supervised a work group, state its size and nature and the extent of such supervision. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment.

Length of Employment MO/YR MO/YR From / to /	Firm Name	Address
# of hours worked per week (exclude overtime)	Duties (include % of time in each function)	
Type of Business		
Your Title		
Supervisor's Name & Title		
Reason for Leaving		
<input type="checkbox"/> Paid or <input type="checkbox"/> Unpaid Check one		
Length of Employment MO/YR MO/YR From / to /	Firm Name	Address
# of hours worked per week (exclude overtime)	Duties (include % of time in each function)	
Type of Business		
Your Title		
Supervisor's Name & Title		
Reason for Leaving		
<input type="checkbox"/> Paid or <input type="checkbox"/> Unpaid Check one		
Length of Employment MO/YR MO/YR From / to /	Firm Name	Address
# of hours worked per week (exclude overtime)	Duties (include % of time in each function)	
Type of Business		
Your Title		
Supervisor's Name & Title		
Reason for Leaving		
<input type="checkbox"/> Paid or <input type="checkbox"/> Unpaid Check one		

REMARKS:

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. IT IS A CRIME PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, PUNISHABLE AS A CLASS "A" MISDEMEANOR, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

**Background Investigation:** Applicants may be required to undergo extensive investigation of criminal history and background, which will include a fingerprint check, to determine suitability for appointment. Costs related to such investigation may be borne by the applicant. Failure to meet the standards of investigation may result in disqualification.

**For County employment:** You may be required to submit to a pre-employment drug test. Your appointment may be conditioned on such test result.

**THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED:**

By my signature below, I hereby authorize the Orange County Department of Human Resources, the County of Orange, and/or its respective Departments, Offices or Agencies to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records.

I further release the Orange County Department of Human Resources, the County of Orange, and/or its respective Departments, Offices or Agencies, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand the "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of this Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT ANY OTHER NAME BY WHICH YOU ARE OR HAVE BEEN KNOWN

**CHECK TO MAKE SURE THAT ALL APPLICABLE QUESTIONS HAVE BEEN ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL. A RESUME MAY NOT BE SUBMITTED IN LIEU OF COMPLETING THE APPLICATION.**

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, or marital status. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, or marital status in connection with employment in the municipal service of the County of Orange.

**ORANGE COUNTY GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER**