

**BOWLINE POINT PARK APPLICATION**  
*2024 Pool Season: June 15, 2024 - September 2, 2024*

PLEASE PRINT ALL INFORMATION - **LIFEGUARDS** MUST BE **16**, **CASHIERS** MUST BE **18**,  
AND **ATTENDANTS** MUST BE **15** YEARS OF AGE BY THE TIME THE POOL OPENS IN  
ORDER TO WORK. **WORKING PAPERS ARE REQUIRED UNDER THE AGE OF 18!**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
LAST NAME                      FIRST NAME                      D.O.B                      AGE                      M/F (Optional)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
STREET ADDRESS                      TOWN                      ZIP CODE

\_\_\_\_\_/\_\_\_\_\_  
CONTACT NUMBER                      EMAIL

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
EMERGENCY CONTACT #1                      RELATIONSHIP                      CONTACT NUMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
EMERGENCY CONTACT #2                      RELATIONSHIP                      CONTACT NUMBER

TEE SHIRT SIZE: \_\_\_\_\_ POSITION DESIRED: \_\_\_\_\_  
*(CHOOSE ONE: ATTENDANT/LIFEGUARD/CASHIER/MAINTENANCE/MANAGER)*

WILL YOU BE GOING TO COLLEGE IN THE FALL:  YES or  NO

WILL YOU BE PLAYING A HIGH SCHOOL FALL SPORT:  YES or  NO

LAST DAY ABLE TO WORK (IF KNOWN): \_\_\_\_\_

VACATION DATES (IF KNOWN): \_\_\_\_\_

**ONE reference form must be completed & returned with this application  
for all NEW applicants.**

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

\_\_\_\_\_  
DATE



**PARKS DEPT.**

# BOWLINE POINT PARK

## REFERENCE FORM

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Please state your relationship to the applicant: \_\_\_\_\_

**(NO FAMILY MEMBERS)**

If employment, please describe duties: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

*Please review & rate below, how well the applicant demonstrates each quality:*

	POOR				EXCELLENT	
COOPERATION	1	2	3	4	5	N/A
RESPONSIBILITY	1	2	3	4	5	N/A
USE OF COMMON SENSE	1	2	3	4	5	N/A
LISTENING/COMMUNICATION SKILLS	1	2	3	4	5	N/A
TIME MANAGEMENT	1	2	3	4	5	N/A
MATURITY	1	2	3	4	5	N/A

Additional Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_



It is the policy of the Rockland County Department of Personnel to provide accommodations in testing to individuals with disabilities and to religious observers and to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination based on age, race/color, creed, religion, national origin, gender, sexual orientation, disability, marital/familial status, military status, criminal record and additional protections under federal, state and local law, policies and regulations.

## APPLICATION FOR EXAMINATION OR EMPLOYMENT

### for County Departments, Towns, Villages, School Districts, Libraries and Special Districts

INSTRUCTIONS

This application is part of the selection process for a civil service examination or a non-examination employment opportunity with a County department or local jurisdiction. If you fail to answer all questions completely and accurately, your application may not be approved. A separate application must be submitted for each examination or non-examination employment opportunity for which you are applying.

**\*General information about applying for examinations, submitting an application for employment, as well as supplemental forms are available at <http://rocklandgov.com/departments/personnel/> (designated by an asterisk \* throughout this application).**

**EXAMINATION APPLICATION:**

- Before completing this application, carefully read the exam announcement to ensure you understand the required minimum qualifications. You may apply online at <https://mycivilservice.rocklandgov.com/exams/> or by completing this fillable application, **which should be mailed along with the application filing fee to the Rockland County Department of Personnel, 50 Sanatorium Road, Building A, Pomona, NY 10970.**
- Application Filing Fee:** The exam announcement lists the required Application Filing Fee, which must be submitted with each application and received by the LAST DATE AND TIME FOR FILING listed on the announcement. Fees may be paid by Paypal, credit card, check or money order (payable to the Rockland County Commissioner of Finance and must include the examination number and the last four digits of your social security number). **Fees are not refundable.** Cash is not accepted. See **Application Fee Filing Information\***. For applicants who qualify, please review the **Application for Fee Waiver\***.

**NOTICE:** You should receive your admission notice one week preceding the examination date via email. If you do not receive it by the Thursday preceding the examination date, it is your responsibility to contact the Rockland County Department of Personnel by email at [RCExams@co.rockland.ny.us](mailto:RCExams@co.rockland.ny.us) or by calling 845-364-3737.

**NON-EXAMINATION EMPLOYMENT OPPORTUNITY:**

Before completing this application, carefully read the job specification for the title to ensure you understand the required minimum qualifications; job specifications are available at <https://mycivilservice.rocklandgov.com/default/jobs/>. You may apply by completing this fillable application, which should be returned to the Department or Agency with which you are applying.

**Notify this office IMMEDIATELY of any change to your contact information by completing a Name/Address Change Form\*.**

❖ **1A. EXAMINATION APPLICATION**

- OR -

❖ **1B. NON-EXAMINATION EMPLOYMENT OPPORTUNITY**

Title _____ Exam Number _____	Title _____ Department/Agency _____
----------------------------------	--

❖ **2. NAME AND LEGAL RESIDENCE**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Number and Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

❖ **3. State your actual permanent residence and indicate how long you have resided there continuously, up to and including the date of this application.**

	Years	Mos
3A. State of _____		
3B. County of _____		
3C. Town of _____		
3D. Village of _____		
3E. School District _____		

*All of the above must be completed.  
However, skip 3C, 3D, 3E, if legal residence is outside of Rockland County.*

❖ **4. SOCIAL SECURITY NUMBER**

- 
 

 -

*If you are under 18 years old or applying for a law enforcement position, fill in your **Date of Birth** \_\_\_\_\_  
MM/DD/YYYY*

**Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

*YES, enroll me in email notifications from RC Dept. of Personnel regarding future examination announcements and/or job opportunities in Rockland County. I understand that if I am a provisional appointee, it is my responsibility to monitor exam announcements and apply for my position's examination when it is announced.*

❖ **5. Check the appropriate box below if you require SPECIAL TESTING ARRANGEMENTS/REASONABLE ACCOMMODATIONS for testing.**

- 5A. Religious observance. **Request for Religious Accommodation Form\* must be submitted.**
- 5B. Disability - (e.g., Braille booklet, Amanuensis, Reader). **Request for Accommodation Form\* must be submitted.**
- 5C. Active Military member – provide current orders and/or DD214. **Request for Alternate Examination Date Form\* must be submitted.**
- 5D. Filing for examinations with other civil service jurisdictions being held on the same date. **Cross-Filer Form\* must be submitted.**

❖ **6. Check the appropriate answer to each question**

**6A.** Are you a United States Citizen?  
(US Citizenship is **not** a requirement for employment except for public officer positions.)  
**YES**            **NO**                    (If **YES**, skip to question 6C)

**6B.** If **NO** to 6A, do you have the legal right to accept employment in the US?  
**YES**            **NO**  
If **YES**, provide your ALIEN Registration Number \_\_\_\_\_

**6C.** Are you a retiree from New York State or any civil division thereof?  
**YES**            **NO**

**6D.** Are you an Exempt Volunteer Firefighter as defined in NYS General Municipal Law Section 200?  
**YES**            **NO**

**6E.** Are you a child or a sibling of a firefighter, police officer, emergency medical technician or paramedic killed in the line of duty?  
(In accordance with Section 85-a of the NY State Civil Service Law)  
**(Provide necessary documentation for verification)**  
**YES**            **NO**

V  
E  
T  
E  
R  
A  
N  
S  
  
C  
R  
E  
D  
I  
T  
S

If you are making a claim for veterans credits with this application, please read **Information on Veterans Credits\***, which details eligibility requirements.

In general, you must present documentary proof (DD214 Discharge Papers and Separation Documents) to our department prior to the establishment of the eligible list and you must meet the following criteria:

1. A citizen or an alien lawfully admitted for permanent residence (at the time of application for credits).
2. Served anywhere in the United States Armed Forces (see definition 3 below) as ordered by the federal government.
3. Expect to receive or have been honorably discharged or released under honorable circumstances from the Armed Forces of the United States; or received an other-than-honorable discharge or a general under honorable conditions discharge due to sexual orientation, gender identity, service-related post-traumatic stress disorder, traumatic brain injury, or mental health condition linked to military sexual trauma seeking benefits afforded through New York State law and are in possession of a letter from the Division of Veterans Services restoring access to such benefits.  
ARMED FORCES are defined as the Army, Navy, Air Force, Marines, Coast Guard, and all components thereof and the National Guard when in service for the United States pursuant to call as provided by law, "on a full-time duty basis other than active-duty training purposes".
4. Resident of New York State at the time of application and examination to claim veterans credit.

❖ **7. EXTRA CREDIT FOR VETERANS**  
(If you are not eligible or do not wish to claim veteran credits, skip to question 8.)

**7A.** Are you currently active in the military?  
**(Proof of current service must be submitted)**  
**YES**            **NO**  
What was your date of entry? \_\_\_\_\_  
What is your expected date of separation? \_\_\_\_\_

**7B.** I expect to receive or have already received a discharge which was honorable or I was released under honorable circumstances from the Armed Forces of the United States and I otherwise meet the criteria set forth above.  
**YES**            **NO**

**7C.** I have used veteran credits for appointment to a position in New York State or Local government.  
**YES**            **NO**

**7D.** I wish to claim additional credits as a **NON-DISABLED** veteran.  
**(DD214 must be submitted with application)**  
**YES**            **NO**  
I wish to claim additional credits as a **DISABLED** veteran.  
**(DD214 and Disability Documentation must be submitted with application)**  
**YES**            **NO**

❖ **8. Check appropriate answer to each question**

**8A.** Were you ever dismissed or discharged from any employment for any reasons other than lack of work or funds, disability or medical condition?  
**YES**            **NO**

**8B.** Did you ever resign from any employment to avoid dismissal?  
**YES**            **NO**

**8C.** Did you ever receive a discharge from the Armed Forces of the United States which was "other than honorable" or which was issued under "other than honorable" circumstances?  
**YES**            **NO**

**8D.** Have you ever been convicted of any crime (felony or misdemeanor)?  
If **YES**, submit a **Summary of Disposition/Certificate of Relief**.  
**YES**            **NO**

**8E.** Are you now under charges for any crime?  
**YES**            **NO**

A "YES" response to questions 8A – 8E does not represent an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

If you answered "**YES**" to questions 8A – 8C, you *may* give specifics below. If you elect not to provide or if such explanation is insufficient, a **Confidential Investigation Questionnaire will be forwarded to you under separate cover for your completion.**

**Check HERE** if you have provided this information previously with another application and there are no new occurrences or related information to report.

Date of last incident \_\_\_\_\_

**EXPLANATION** (Include details such as dates, locations, circumstances and disposition, if applicable): \_\_\_\_\_

**EDUCATION AND TRAINING**

For questions 9-10, make certain you answer all questions which pertain to requirements listed on the announcement for the examination for which you are applying, or set forth in the job specification for the position applied for. If in doubt, answer all questions.

❖ **9. EDUCATION:** PLEASE INSTRUCT YOUR INSTITUTION TO EMAIL OR FORWARD SEALED OFFICIAL TRANSCRIPTS DIRECTLY TO OUR OFFICE. (Unsealed student copies or unofficial copies submitted by mail or email will not be accepted.)

Do you have a High School Diploma? **YES** **NO** If "YES", year graduated \_\_\_\_\_ If "NO", give highest grade completed \_\_\_\_\_  
Name/Location of High School attended \_\_\_\_\_

Or a High School Equivalency (GED) Diploma? **YES** **NO**  
If "YES", provide date received \_\_\_\_\_ and Issuing Governmental Authority Document Number \_\_\_\_\_

**COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOLS**

Name of School and Location	Attended Dates (Month/Year) from MM/YYYY to MM/YYYY	Did You Graduate? Y/N	Course of Study or Major Subject	Type of Degree Received	# of College Credits Received	Date Degree Received or Expected

**OTHER SCHOOLS OR SPECIAL COURSES**

If you have foreign educational credentials, they must be evaluated. See General Information Concerning Evaluation of Foreign Education and Training\*.

Official transcripts previously filed **YES** **NO** Name of the institution \_\_\_\_\_

❖ **10. LICENSES, CERTIFICATES, OR PERMITS** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the examination announcement or job specification for the position for which you are applying, complete the following and **attach a copy of the document**. If not licensed, do you have a temporary permit? **YES** **NO**

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From MM/DD/YYYY	To MM/DD/YYYY

Do you have a valid license to operate a motor vehicle in New York State? **YES** **NO** Class \_\_\_\_\_ Date License First Issued \_\_\_\_\_

Have you ever been employed by the County of Rockland or by any civil division therein? **YES** **NO**  
Agency Name \_\_\_\_\_ Dates of Employment \_\_\_\_\_

❖ **11. DESCRIPTION OF EXPERIENCE. ALL SECTIONS MUST BE FILLED OUT COMPLETELY; A RESUME IS NOT A SUBSTITUTE FOR A BLANK FIELD**

Carefully read the minimum qualifications for the examination/employment opportunity for which you are applying. Fees will not be refunded if you do not meet established qualifications. List below all relevant work experience. Be specific in describing your experience relating to the minimum qualifications of the examination or non-examination employment opportunity for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate and clear description of your experience. Omissions or vagueness will not be interpreted in your favor. Include military service experience when appropriate. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job description or examination announcement. **Volunteer Experience Form\* must be submitted to claim that experience.** 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. **If more space is needed, attach additional information on an electronic document/additional copies of page 4.**

Length of Employment	Company/Type of Business	Address	City and State
From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Provide a detailed description of your job duties.		
Your Exact Title			
Supervisor's Name			
Supervisor's Title			
Supervisor's Contact Number			
Hours worked per week (excluding overtime)			

