

Date _____

PHILIPSTOWN RECREATION DEPARTMENT

YOUTH EMPLOYMENT SERVICE

Y. E. S.

DATE: _____

NAME: _____

AGE: _____

GRADE _____

TELEPHONE NUMBER: _____

ADDRESS: _____

GIVE TWO REFERENCES:

NAME: _____
TELEPHONE: _____

NAME: _____
TELEPHONE: _____

LIST THE JOBS THAT YOU MIGHT BE INTERESTED IN. IF YOU HAVE ANY EXPERIENCE IN ANY, PLACE AN "E" NEXT TO JOB.

DO YOU NEED TRANSPORTATION? YES _____ NO _____

NOTE: YOUR NAME AND TELEPHONE NUMBER WILL BE GIVEN TO POTENTIAL EMPLOYERS. SALARY IS UP TO YOU AND YOUR EMPLOYER.

YOUTH SIGNATURE: _____

PARENT SIGNATURE: _____