



# SEASONAL PARK RANGER APPLICATION 2025



**INSTRUCTIONS FOR FILING: COMPLETE THIS APPLICATION AND RETURN TO:  
WESTCHESTER COUNTY POLICE, SUPPORT SERVICES DIVISION, 1 SAW MILL RIVER  
PARKWAY HAWTHORNE, NEW YORK 10532, ATTN: SPR APPLICATION**

<b>NAME:</b> LAST: _____ FIRST: _____ MIDDLE: _____	<b>SOCIAL SECURITY #:</b> (last 4): _____
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<b>ADDRESS:</b>					<b>TELEPHONE #:</b>
<b>No.</b>	<b>STREET</b>	<b>APT#</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
					<b>HOME:</b> ( ) - <b>CELL:</b> ( ) -

Are you 18 years of age or older?  ___ Yes ___ No (Required upon appointment)	Are you a Westchester County Resident?  ___ Yes ___ No  Email Address: _____	Do you have a valid N.Y. Driver's License? ___ Yes ___ No (Required upon appointment) ID#: _____ / _____ / _____ Type _____  Will you have access to an automobile for work? ___ Yes ___ No
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### EDUCATION:

School	Name and Location/Issuing Authority & Document Number	Course or Major	Degree
High School or GED			
College or Business School			
Graduate or Professional School			
Certificates or Special Training			

### EMPLOYMENT HISTORY (Last 5 Years)

NAME AND ADDRESS OF EMPLOYER	FROM MO./YR.	TO MO./YR.	TYPE OF WORK OR POSITION	PAID OR UNPAID	REASON FOR LEAVING

Do you have computer skills? ___ Yes ___ No If yes, specify:	Can you operate any other equipment? ___ Yes ___ No If yes, specify:
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Are you a citizen of the United States? \_\_\_ Yes \_\_\_ No (If selected for employment you will be required to submit proof of citizenship).

In addition to English, are you fluent in any other language? \_\_\_ Yes \_\_\_ No  
If yes, specify:

Have you worked for Westchester County Government before? \_\_\_ Yes \_\_\_ No, If y e s , Which Department? \_\_\_\_\_  
Reason for leaving:

Dates available to work: From \_\_\_\_\_ to \_\_\_\_\_

LAST FILING DATE FOR SEASONAL PARK RANGERS IS FEBRUARY 23, 2025

How did you hear about this job/program?

**Check appropriate box:**

Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? Yes No

Did you ever resign from any employment rather than face dismissal? Yes No

Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable", or which was issued for other than honorable circumstances? Yes No

If you answered "Yes" to any of the questions above, you must give specifics, including date, nature, and current disposition. (Attach additional 8 1/2 by 11" sheets.) If such explanation is insufficient, a confidential investigation supplement will be sent to you. None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position(s) for which you are applying.

**ALL INFORMATION ON THIS FORM IS SUBJECT TO VERIFICATION DURING THE BACKGROUND INVESTIGATION**

**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.**

By accepting employment with the County of Westchester, I hereby agree to submit to any and all forms of drug testing (such as urinalysis, breath &/or blood testing) as a condition of Seasonal Employment with Westchester County in accordance with Westchester County's Comprehensive Drug-Free Workplace Policy & Procedures. In addition, you will be subject to the Westchester County fingerprinting policy under which your appointment may be conditioned on the results of a fingerprinting investigation.

**THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED:** By my signature below, I hereby authorize the Westchester County Department of Human Resources, the County of Westchester, 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 Westchester County Department of Human Resources, the County of Westchester, 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 the of the Application for 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. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification, including a background investigation by the prospective appointing authority.)

**Signature of Applicant**

**Date**

Is additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your school and/or work record?      NO      YES If yes, please indicate here: \_\_\_\_\_



**GEORGE LATIMER**  
COUNTY EXECUTIVE

**TERRANCE RAYNOR**  
COMMISSIONER-SHERIFF  
DEPARTMENT OF PUBLIC SAFETY

**The County of Westchester is an Equal Opportunity Employer.**