

**TOWN OF SOMERSET
RECREATION DEPARTMENT
APPLICATION FOR EMPLOYMENT - 2020**

Name		
Address	City	Zip
Home Telephone	Mobile Phone	
Email Address		

Education

School	Name and Location	Course of Study	Years Completed	Did You Graduate	Degree or Diploma
College					
Business/Trade Technical					
High School					

Employment History

Company Name	Address	Phone	Name of Supervisor	Dates	Position Held

May the Recreation Department contact any of the above employers as references? ____ Yes ____ No

Certifications

Certificate	Date Received	Location
Red Cross First Aid		
Red Cross CPR		
Other (i.e. lifeguard)		

*Please attach any relevant certification forms. Please note that the Recreation Department will hold a class for hired employees who are not CPR/First Aid Certified.

I am interested in becoming a member of the Recreation Staff as a: **

- | | |
|---|---|
| <input type="checkbox"/> Lifeguard (certification req.) | <input type="checkbox"/> Pierce Beach Park Staff |
| <input type="checkbox"/> Tennis Instructor | <input type="checkbox"/> Office Staff |
| <input type="checkbox"/> Special Events Staff | <input type="checkbox"/> All Day Summer Program Staff |
| <input type="checkbox"/> Sports Camp Staff | <input type="checkbox"/> Any Position |
| <input type="checkbox"/> Theater/Dance Staff | |

**Please rate requested positions in order of preference, with 1 being the first choice

Check off computer programs that you have work experience with:

Publisher Word Excel

Summarize special skills and qualifications acquired from employment or other experience:

Availability

Please state when you can begin working, and when you will stop working (i.e. when you are leaving for school) if known:

Begin: _____ End: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please list any other availability-related issues (i.e. other jobs, vacations, etc.):

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Somerset.

Signature	Date
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Please return this application to the Somerset Recreation Department

By: April 1, 2020

-- EQUAL OPPURTUINITY EMPLOYER --