



Town of Wilbraham

PARKS & RECREATION DEPARTMENT 2020 SUMMER EMPLOYMENT APPLICATION

Return to: Town of Wilbraham, WPRD, 45C Post Office Park, Wilbraham, MA 01095

(ALL POSITIONS REQUIRE APPLICANT TO BE A MINIMUM OF 16 YEARS OF AGE TO APPLY)

POSITION(S) APPLYING FOR: If you are applying for more than one, please number in order of preference

Summer:

- Spec Beach Admissions/Concession Worker
- Spec Day Camp Assistant Director
- Spec Day Camp Counselor
- Spec Day Camp Junior Counselor
- Head Waterfront Director - Do you have current certifications? Y / N
- Lifeguard - Do you have current certifications? Y / N

Other: _____

**If checking off multiple positions please specify your preference in numerical order.*

Please PRINT Very Clearly: Check days/hours available to work:

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays
- Saturdays
- Sundays

Hours: _____

Name (Last, First, M.I.) _____

Address _____

Street

City

State

Zip

Home Phone _____ Cell Phone _____ Best phone to reach me at: Cell / Home

Email Address: _____ Date you are available to start: _____

(Print very clearly)

Name of School or College: _____ Highest educational level completed? _____

(as of summer 2020)

Valid driver's license? NO YES Are you 16 years or older? NO YES

Are you under age 18? NO YES (Work permit required)

Do you have summer vacation plans? NO YES: Dates? _____

EXPERIENCE:

Please provide your activity record for all volunteer or work experience or education relevant to the position you are applying for: (Attach additional sheets if necessary and/or resume) _____

REFERENCE:

Please provide the name and phone number of at least three persons who can speak to your experience, skills and abilities regarding the position you are applying for:

Please Read Carefully and Sign:

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions on either this form or during my interview may disqualify me from further consideration for employment and may be considered justification for dismissal. I authorize investigation of all statements contained in this application or made during my interview for employment. I acknowledge that none of the statements made in this application are intended to be, nor should be construed as a contract between the town and myself. I hereby authorize persons, schools, current and previous employers and organizations named in this application to provide any and all information whether personal or otherwise. I release such employers and individuals from all liability for damages whatsoever that may arise from furnishing this information.

Signature of Applicant: _____ Date: _____



WORK EXPERIENCE

Start with your current or last position. You may include part-time, U.S. military or volunteer experience. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer: _____ Name _____ Address _____ Supervisor _____ Telephone _____ May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Job Title _____ Work Performed _____ _____ _____ _____ _____	From: 	To:
Employer _____ Name _____ Address _____ Supervisor _____ Telephone _____ May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no	Job Title _____ Work Performed _____ _____ _____ _____ _____	From: 	To:
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