

2015 Seasonal Employment Application

Notice to Applicants: Federal and state law require that all applicants be considered without regard to race, color, religion, sex, age, national origin or handicap. We believe in and fully support the principle of equal employment opportunity and will fulfill our obligations to the fullest.

PERSONAL DATA:

Name _____
Permanent Address _____
City, State, Zip _____
Telephone Number (home) _____ (cell) _____
e-mail: _____

Position applied for:

- Day Camp Counselor _____
- Day Camp Specialty Instructor _____
- Specialty Area _____
- Lifeguard _____
- Swimming Instructor _____
- Parks Maintenance _____
- Tennis Instructor _____
- Camp Director _____
- Health Officer _____
- Camp Registrar _____

Dates available _____ (All employees should be available for full season. Exceptions must be discussed during interview.)

Are you over 18? YES NO (circle one). If no, hire is subject to minimum legal age verification.

Drivers License Number and State _____

CERTIFICATIONS: (Please list date, attach photocopy)

American Red Cross Standard First Aid _____
 Responding to Emergencies _____
 CPR _____
 CPR for the Professional Rescuer _____
 Water Safety Instructor _____
 Lifeguarding _____ Other _____
 American Heart Association CPR _____ Level _____

Other certifications/qualifications/skills _____

EDUCATION:

High School Name _____ City _____
 Last grade completed (Date) _____ Graduated (Date) _____
 College Name _____ City _____
 Last year completed _____ Degree _____ Major _____ Minor _____
 Extracurricular Activities: _____

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Name _____ Today's Date _____

EMPLOYMENT HISTORY: (List in reverse order, present employer first)

1. Company Name _____
 Address _____
 Contact & Phone # _____
 Position/Job Title _____ Salary _____
 Dates Worked _____ Reason Left _____

2. Company Name _____
 Address _____
 Contact & Phone # _____
 Position/Job Title _____ Salary _____
 Dates Worked _____ Reason Left _____

3. Company Name _____
 Address _____
 Contact & Phone # _____
 Position/Job Title _____ Salary _____
 Dates Worked _____ Reason Left _____

REFERENCES: (List Name, Address, Phone #, Please do not use family members or peers)

1. _____

2. _____

3. _____

AFFIRMATION AND AUTHORIZATION TO RELEASE INFORMATION:

I affirm that the statements made on this application are true. Furthermore, I understand and agree that the Town of Hyde Park can and will seek information about me and I specifically authorize disclosure of information and agree to hold all persons harmless for the same.

Signature _____ Date _____