

TOWN of VERNON PARKS and RECREATION DEPARTMENT

APPLICATION for SEASONAL EMPLOYMENT

POSTIONS AVAILABLE: (please rank in order of preference that interest you. 1=most interested)

Summer Highlights Director
 Camp Newhoca Director
 Camp Newhoca Program Director
 Gate Attendant
 Summer Highlights Site Director
 Highlights/Newhoca Counselor
 Teen Camp
 Aquatics Director
 Water Safety Instructor
 Lifeguard (certification required)
 Office Assistant
 Program Instructor*
 Coaches Crew Maintenance (815-315pm)
 Park Maintenance (7:30-3:30pm)
 Other (please Specify): _____

*Please specify program that you would like to instruct (non-camp related): _____

PERSONAL INFORMATION:

Name: _____ Email: _____
Last First Middle Initial

Permanent Address: _____
Street Apt# City State Zip

Present Address: _____
Street Apt# City State Zip

Home Phone #: _____ Cell Phone #: _____

Are you over the age of 16? Yes no:If no you must provide legal working papers from your H.S.

Are you over the age of 18? Yes no:If no you must provide legal working papers from your H.S.

Do you possess a valid driver's license? If yes: State #

Have you ever been an employee of the Town of Vernon? If yes:Department

Emergency Contact: _____ Phone#: _____ Relation to you _____

RECORD OF EDUCATION:

School	Name and Address of School	Course of Study	Circle last Year Completed	Did you Graduate?	List Degree Or Diploma
High School			1 2		
			3 4		
College					
Other: (specify)					

EMPLOYMENT HISTORY: List below present and past employment, beginning with most recent.

(OVER)

I. Name of Employer _____ Supervisor _____
Address _____ Phone# _____
Job Title _____ Starting Hourly Rate _____ Ending Hourly Rate _____
Dates of Employment _____ Reason for Leaving _____
Job Duties _____

II. Name of Employer _____ Supervisor _____
Address _____ Phone# _____
Job Title _____ Starting Hourly Rate _____ Ending Hourly Rate _____
Dates of Employment _____ Reason for Leaving _____
Job Duties _____

III. Name of Employer _____ Supervisor _____
Address _____ Phone# _____
Job Title _____ Starting Hourly Rate _____ Ending Hourly Rate _____
Dates of Employment _____ Reason for Leaving _____
Job Duties _____

I hereby give permission to contact the employers' listed above concerning my prior work experience:

Signed: _____

Have you ever been fired from a job? _____

If there is a particular employer(s) you do not wish us to contact, please indicate which one (s) _____

OTHER TRAINING: Please list any certifications, qualifications, licenses, or skills relevant to positions applied for. Also indicate any awards you have received.

PERSONAL REFERENCES: References cannot come from family members or friends (i.e. parents, uncles, cousins, etc.)

Name/Occupation: _____ Address _____ Phone _____

Name/Occupation: _____ Address _____ Phone _____

Name/Occupation: _____ Address _____ Phone _____

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment nor does this application obligate the employer in any way if the employer decides to employ me. In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable time period to receive additional detailed information about the nature and scope of any such investigative report made.

Signature of Applicant: _____ Date: _____