



East Bridgewater

Recreation Commission

Application for Employment

Fill out and return to Selectman's Office in Town Hall . Deadline for application & C ORI form: May 1, 2010

Position applied for _____ Social Security # _____

Last name _____ First name(s) _____

Street address _____ City _____ State/Province _____ Zip/Postal code _____

Telephone (include area code) _____ Fax _____ E-mail _____

Summer Program hours: 8:30a – 1:30p Monday – Friday July 12 – August 20, 2010

You must be available for this time commitment.

Work experience (Please list most recent first)

1 Position _____ Dates of employment _____
 Employer _____ Address _____
 Supervisor _____ Telephone _____ E-mail _____
 Beginning pay _____ Ending pay _____
 Reason for leaving _____ May we contact this employer? [] Yes [] No
 Responsibilities _____

2 Position _____ Dates of employment _____
 Employer _____ Address _____
 Supervisor _____ Telephone _____ E-mail _____
 Beginning pay _____ Ending pay _____
 Reason for leaving _____ May we contact this employer? [] Yes [] No
 Responsibilities _____

Are you First Aid Certified? _____ If yes, by whom? _____

CPR Certified? _____ If yes, by whom? _____

List other relevant work experience and / or certifications:

Education/training

High school attended and any interests or activities involved in: _____

Give examples of six activities that you would be able to teach, three for a playground and three for a rainy day with limited space.

Other activities

List volunteer work, leadership positions, or other activities that you feel may be relevant to this application

Personal references

Please provide three reference contacts other than family members or people you have previously worked with

Name	Telephone	Occupation
Name	Telephone	Occupation
Name	Telephone	Occupation

Is there anything else you would like to tell us about yourself?

I certify that all information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of employment or discharge. I also authorize the employers, schools, organizations, or persons named above to provide information regarding my employment, education, character, and qualifications.

Signature _____ Date _____