

Suffield Parks and Recreation Department

97 Mountain Road, Suffield, CT 06078 (860) 668-3862

January 2019

Dear Prospective Candidate:

We are pleased that you are interested in the Suffield Parks & Recreation Department and Summer job opportunities.

Candidates must complete and meet the following criteria listed below:

1. Complete employment application.
2. Have transportation to and from the program during program hours.
3. Commit to staff training, 2 days in June. Dates to be determined.
4. Commit to entire 6 weeks camp program June 24 – August 2 for Camp Counselors, 7 weeks for Camp Directors.
5. Commit to 7-8 weeks June 24 – August 16 for Lifeguards. (May be pre & post session hours available.)
6. Commit to 8-9 weeks June 24 – August 23, including weekends for Babb's Gate Attendants.
7. Successfully complete certifications required for position. All positions require First Aid & CPR. Waterfront Director and Lifeguards require additional training: LGT & Waterfront Module. WSI is encouraged.
8. Participate in a formal interview.

**Return employment application to the Parks and Recreation Department,
97 Mountain Rd. Suffield, by Thursday, March 28, 2019.**

Sincerely,

Suffield Parks & Recreation

SUFFIELD PARKS & RECREATION DEPARTMENT 97 Mountain Rd., Suffield, CT 06078

(860) 668-3862 – Phone, (860) 668-3324 - Fax

EMPLOYMENT APPLICATION

Position for which you are applying: _____

NAME: _____

Address: Last First Middle Initial Email: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: () Cell Phone: _____ Past 16th Birthday: YES _____ NO _____

EDUCATION AND TRAINING	School	How Many Yrs.	Graduated		Course or Major
			Yes	No	
HIGH SCHOOL					
COLLEGE					
OTHER QUALIFICATIONS					

CURRENT CERTIFICATIONS- (Check box below only if your certification is current and submit a copy with application)
 WATERFRONT _____ WSI _____ LGT _____ CPR _____ FIRST AID _____ EMT _____ EMR _____

EMPLOYMENT HISTORY:

1. Name of Employer: _____ Job Title: _____

Address: _____ Dates Employed: _____

Description of Work: _____

Supervisor's Name and Telephone #: _____

2. Name of Employer: _____ Job Title: _____

Address: _____ Dates Employed: _____

Description of Work: _____

Supervisor's Name and Telephone #: _____

3. Experience working or volunteering with youth (include responsibilities, dates worked and list direct supervisor's name / telephone number) If you need more space please write on the back of this application.

REFERENCES: (Not former employers or relatives)

1. Name: _____ Address: _____ Phone: _____

2. Name: _____ Address: _____ Phone: _____

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying. Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes _____ No _____

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE : _____

Signature

Date

THE TOWN OF SUFFIELD IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER