

Suffield Parks and Recreation Department

145 Bridge Street, Suffield, CT 06078
(860) 668-3862

January 11, 2021

Dear Prospective Candidate:

We are pleased that you are interested in the Suffield Parks & Recreation Department and Summer job opportunities for the Summer of 2021.

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. (TBT the week before camp)
4. Commit to entire 6 weeks camp program for Camp Counselors, 7 weeks for Camp Directors.
5. Commit to 7-8 weeks for Lifeguards. (May be pre & post session hours available.)
6. Commit to 8-9 weeks including weekends for Babb's Gate Attendants.
7. Successfully complete certifications required for position. All positions require First Aid & CPR. Lifeguards require additional training: LGT & Waterfront Module. WSI is encouraged.
8. Participate in a formal interview.

Return employment application to the Suffield Parks and Recreation Department:

- By mail: 145 Bridge St., Suffield, CT
- Or Email: recreation@suffieldct.gov

By Thursday, March 25, 2021.

Sincerely,

The Suffield Parks and Recreation Department

SUFFIELD PARKS & RECREATION DEPARTMENT
145 Bridge St., Suffield, CT 06078
 Phone: (860) 668-3862 Email: recreation@suffieldct.gov
EMPLOYMENT APPLICATION

Position for which you are applying: _____

Name: _____

Last First Middle Initial

Address: _____ 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 Phone #: _____

2. Name of Employer: _____ Job Title: _____
 Address: _____ Dates Employed: _____
 Description of Work: _____
 Supervisor's Name and Phone #: _____

3. Experience working or volunteering with youth (include responsibilities, dates worked and list direct supervisor's name / phone 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