

SUFFIELD PARKS & RECREATION DEPARTMENT 145 Bridge Street Suffield, CT 06078
(860) 668-3862

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 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 EMPLOYEE