

**WEST HAVEN PARKS AND RECREATION
PART TIME/SEASONAL/SUMMER* EMPLOYMENT APPLICATION**

Return by April 15^h for consideration

Name _____ Date of Birth ___/___/___ Phone _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Race (optional) _____ If hired, can you furnish proof of age and Social Security #? _____

Emergency Contact: _____ Relationship _____ Phone _____

Position applying for:

- | | |
|---|---|
| <p><input type="checkbox"/> Parking Lot Constable-must be 18 yrs old</p> <p><input type="checkbox"/> Lifeguard- Must hold current certification</p> <p><input type="checkbox"/> Head Guard-3years Life Guarding experience and current certification</p> <p><input type="checkbox"/> Water Aerobics Instructor- swim lessons, fitness</p> <p><input type="checkbox"/> Special Activity Instructor</p> | <p><input type="checkbox"/> *CIT- Must be at least 16 yrs old or 15 and completed at least 1 yrs of WHPR Junior CIT Training Program</p> <p><input type="checkbox"/> *Counselor-Day Camps/Playground- Must complete 1 yr of college</p> <p><input type="checkbox"/> *Parks/Beach Maintenance- Must be 18 yrs old</p> <p><input type="checkbox"/> Other: _____</p> |
|---|---|

How were you informed of this position?

Media Newspaper Referral, If referred, by whom? _____

Certifications

Indicate the expiration date for each certification you currently hold:

ACE _____ AEA _____ AFFA _____ USWFA _____ CPR _____

First Aid _____ WSI _____ Lifeguard _____ Officiating _____ Other: _____

Education

	School Name	Years	Major	Degree
High School	_____			
College	_____			
Other	_____			

Experience

Did you participate in the **West Haven Park-Rec Jr. CIT Program**? _____ If yes, how many years? _____

Do you have any experience (work with groups, volunteer work etc.) that would benefit your employment in the Recreation Dept.?

Organization	Responsibility	Age of groups	# of years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment History

Dates of Employment	Employer	Position	Salary per hour
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever worked for the City of West Haven? _____ If yes, When: _____ Depart: _____
 Have you ever been terminated from the City of West Haven? _____

Personal References

Please list 3 references we may contact other than a family member (i.e. coach, teacher, friend)

Name	Address	Relationship	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Do you have a valid driver's license? _____ If no, do you have dependable transportation? _____

I have completed this application and believe that all of the above information I have given to the Parks and Recreation Department is true to the best of my knowledge. I understand my employment is conditional pursuant of successful completion of a police background check. My employment may be terminated if it is determined that I have provided the Parks and Recreation Dept. with false information on this application.

Signature

Date

OFFICE USE ONLY

Position/ORG _____ Cost center / OBJ _____

Salary _____ Start Date: _____ Social Security Number _____ T-Shirt Size _____