

Office Rec'd.	/_	/ 20
Interview:	/_	/ 20
Results:		

20 Sanderson Street, Greenfield, MA. 01301 (413) 772-1553 email: christym@greenfield-ma.gov

## Directions To the Applicant:

- 1. If you also receive a folded Town of Greenfield Application, use this form as a supplement. Fill in your name and all information that is not included on the other form. Return both.
- 2. Give COMPLETE ANSWERS, Phone Numbers & Addresses. An incomplete application will not be considered.
- 3. Distribute the 3 reference forms and have them returned to this office as soon as possible.
- **4.** When we have your complete application, if your qualifications seem to meet our requirements, you will be called for an interview.

you will be called for all litterview.		Date of Applic	Date of Application		
Name:					
Addross					
Address: No. Street	City/Tow	n State	Zip Code		
Daytime Phone ( )	•		'		
email:					
EDUCATION:		Dates	Grad. Degree or		
Name + Address of School		Attended	Major		
		to	•		
<del></del>		to			
WORK EXPERIENCE (Most Rece Company Name + Address Pr		Dates Employed	Name of Your Supervisor		
	<del></del>				
POSITION(S) FOR WHICH YOU A Manager, Swim Area Front Gate A		mp counselor, Carr	np Director, Lifeguard, Swim Area		
Are You applying for: Voluntee	r Wages Eith	ner			
Have you ever worked with child Describe your leadership experi					
Mark 2 if you have done 2 if you have	a had instruction/essati	ng in and 4 if you are	o qualified to tooch; and any attach		
Mark 3 if you have done, 2 if you hav		-			
Archery Art: Cake Decorating:			bowiingCriess		
	oking:		Creative Writing Cribbage		
Oddcring	<del>-</del>	<u> </u>	Oreative writing onbbage _ Knotcraft Mime		
			Poetry Writing		
Sign Language: S	•	•	, ,		
	Othor:	/ /	Othor:		

Also (	Complete Side 1						
$\square$	<b>C</b> URRENT CE	ERTIFICATIONS & give <b>E</b>	(PIRATION DATE. <u>DO NOT</u> list an	y that have expired.			
CF	☐CPR ☐BASIC FIRST AID ☐ LIFEGUARD TRAINING						
_ w	ATERFRONT	LIFEGUARDING	WATER SAFETY INSTRU	CTOR			
ОТН	ER CERTIFICA	TIONS - (Name & Expi	ration Date:				
If NO	T CURRENTL	Y certified, will you find	I and take required course(s) at	least 2 weeks before			
prog	ram start date	? Call Local Red Cr	oss, Hospitals, Schools & Colleges fo	or training courses			
teach	ers, character r	•	ed below. These should be forme D TO YOU, who have knowledge of y				
<u>FULL</u>	NAME		COMPLETE Address	/ \			
				_ ()			
What	t date could you b	pegin work?	What is the last date available to wo	ork?			
	•		☐ Nights ☐ Flexible Hours ☐ S				
	_		ver scheduled	•			
Find 8	& take CPR and F	First Aid Courses to be elig	ible to be a Recreation Leader?				
Do re	ading, research a	and planning as needed to	perform your job?				
Desci	ibe any other LE	ADERSHIP and VOLUNTI	EER EXPERIENCE you have had:				
What	WEEKDAY and	Time is best for you to con	ne for an interview between 8:30 AM	and 4:30 PM?			
offered will be meeting weeks position	d a position: (a) I verted to attendings; (c) an offer of a before a the position.	vill be responsible for the requ training and/or orientation as a position may be contingent ion start, and upon successfu pplying is a part time seasona	E- I attest that the above information is truirements and terms of a job description needed for the position, as well as on-the upon my completing and verifying requirely completing other requirements; I furthal position for which there are no benefits	and work agreement, <b>(b)</b> I ne-job reviews, training and red certifications at least two ner understand that the			
Signa	Signature		 D	 Pate			
RETI	JRN THIS FOR	M TO:					

Director / Greenfield Recreation / 20 Sanderson Street / Greenfield, MA. 01301