



Application for Position with
RECREATION Department
 Town of GREENFIELD

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.
- When we have your complete application, if your qualifications seem to meet our requirements, you will be called for an interview.

Date of Application _____

Name: _____ I am at least 16yrs. old ___ yes ___no

Address: _____
 No. Street City/Town State Zip Code

Daytime Phone (____) _____. Please also give temporary address/phone, eg. college:

email: _____

EDUCATION:

Name + Address of School

Dates

Attended

Grad. Degree or

Major

_____ to _____
 _____ to _____

WORK EXPERIENCE (Most Recent First)

Company Name + Address

Phone

Position

Dates

Employed

Name of Your Supervisor

POSITION(S) FOR WHICH YOU ARE APPLYING: ie Camp counselor, Camp Director, Lifeguard, Swim Area Manager, Swim Area Front Gate Attendant

Are You applying for: Volunteer Wages Either

Have you ever worked with children? _____ What Age(s): _____

Describe your leadership experience(s) _____

Mark 3 if you have done, 2 if you have had instruction/coaching in, and 1 if you are *qualified* to teach; add any others!

___ Archery ___ Art: _____ ___ Badminton ___ Baseball ___ Basketball ___ Bowling ___ Chess

___ Cake Decorating: _____ ___ Campcraft _____

___ Coaching: _____ ___ Cooking: _____ ___ Crafts ___ Creative Writing ___ Cribbage

___ Drawing ___ Dance: _____ ___ Golf ___ Knotcraft ___ Mime

___ Officiating: _____ ___ Painting: _____ ___ Photography ___ Poetry Writing

___ Sign Language: _____ ___ Singing ___ Soccer ___ Storytelling ___ Swimming ___ Tennis

___ Other: _____ ___ Other: _____ ___ Other: _____

Also Complete Side 1

CURRENT CERTIFICATIONS & give **EXPIRATION DATE**. **DO NOT** list any that have expired.

CPR _____ BASIC FIRST AID _____ LIFEGUARD TRAINING
 WATERFRONT LIFEGUARDING _____ WATER SAFETY INSTRUCTOR _____

OTHER CERTIFICATIONS - (Name & Expiration Date: _____)

If NOT CURRENTLY certified, will you find and take required course(s) at least 2 weeks before program start date? _____ Call Local Red Cross, Hospitals, Schools & Colleges for training courses

Give the reference forms to the 3 persons listed below. These should be former/present employers, teachers, character references NOT RELATED TO YOU, who have knowledge of your abilities, skills, character: Provide ALL information below:

FULL NAME	Title/Position	COMPLETE Address	PHONE
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____
_____	_____	_____	(____) _____

What date could you begin work? _____ What is the last date available to work? _____

Are You willing and able to work Weekends Nights Flexible Hours Split Shifts

Attend Training and Orientation sessions whenever scheduled _____

Find & take CPR and First Aid Courses to be eligible to be a Recreation Leader? _____

Do reading, research and planning as needed to perform your job? _____

Describe any other LEADERSHIP and VOLUNTEER EXPERIENCE you have had:

What WEEKDAY and Time is best for you to come for an interview between 8:30 AM and 4:30 PM?

APPLICANT'S STATEMENT AND SIGNATURE- I attest that the above information is true; I understand that if I am offered a position: **(a)** I will be responsible for the requirements and terms of a job description and work agreement, **(b)** I will be required to attend training and/or orientation as needed for the position, as well as on-the-job reviews, training and meetings; **(c)** an offer of a position may be contingent upon my completing and verifying required certifications at least two weeks before a the position start, and upon successfully completing other requirements; I further understand that the position for which I am applying is a part time seasonal position for which there are no benefits or other compensation when the job is terminated:

Signature

Date

RETURN THIS FORM TO:
Director / Greenfield Recreation / 20 Sanderson Street / Greenfield, MA. 01301