

CALAIS RECREATION PARTTIME & SEASONAL JOB APPLICATION

NAME _____ DATE _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____ DATE AVAILABLE _____

E-MAIL ADDRESS _____

POSITION APPLYING FOR: LIFEGUARD DAY CAMP COUNSELOR MAINTENANCE

WORK EXPERIENCE

Use this space to provide information about your previous jobs starting with your most recent. Also include any relevant paid, non-paid or volunteer experience.

Position	Employer
Supervisor: Contact info:	Dates of employment: Number of hours per week:
Describe your duties & responsibilities:	

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Please describe any additional experience, activities or accomplishments that are relevant to the position for which you are applying. Please include names of organizations and number of hours involved (Do not use this space to list work experience as listed above).

EDUCATION

Name of High School and/or colleges attended	Highest grade completed this year	Advisor or Contact Reference.

ADDITIONAL INFORMATION

Are you 16 or older?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you hold a valid drivers license?	<input type="checkbox"/> yes <input type="checkbox"/> no
Working with children requires a criminal background check. Do you allow the City of Calais to conduct this test?	<input type="checkbox"/> yes <input type="checkbox"/> no
Will you consent to a pre-employment substance abuse test?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are there any reasons why you might not be able to perform the essential functions of this job? If yes, please explain on the back.	<input type="checkbox"/> yes <input type="checkbox"/> no
SOCIAL SECURITY NUMBER:	
Do you have current & up-to-date	Red Cross 1 ST Aid <input type="checkbox"/> yes <input type="checkbox"/> no
	Red Cross CPR <input type="checkbox"/> yes <input type="checkbox"/> no
	Other 1 ST Aid <input type="checkbox"/> yes <input type="checkbox"/> no
	Other CPR <input type="checkbox"/> yes <input type="checkbox"/> no
	Red Cross WSI <input type="checkbox"/> yes <input type="checkbox"/> no
	Red Cross LGT <input type="checkbox"/> yes <input type="checkbox"/> no
Please state briefly on the back why you would be great in this position.	

Please mail completed application to:

Calais Recreation Department
 Craig Morrison – Director
 P.O. Box 413
 Calais, ME 04619

I hereby certify that all information provided is true and completed to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work.

Applicant Signature: _____ Date: _____

