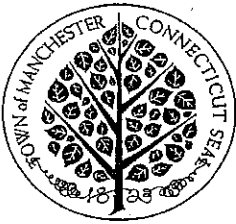


MANCHESTER RECREATION DIVISION

41 Center St., PO Box 191
Manchester, CT 06040
(860) 647-3084
Fax: (860) 647-3083



Applicant for Employment:

Please find enclosed an application and required forms for employment. All Recreation staff applicants must include the following when returning their packet:

Forms included in this packet:

- Seasonal Application
- Signed Release of Personal Information form

Documents you must attach:

- Resume
- Two Written References
- Copy of required certifications

Packets returned in person may be brought to:

- Center Springs Main Office, 39 Lodge Drive,
- Community Y Recreation Center, 78 North Main Street
- Human Resources, Lower Level of Town Hall, 41 Center Street

If returning by mail, return to: Manchester Recreation Division, 41 Center Street, PO Box 191, Manchester, CT 06045-0191.

Please indicate the program you are applying for at this time (i.e. Summer camps, Special Needs camp, Aquatics, Youth sports). Employment will be based upon your previous experience, references, education and your interview.

We will also provide additional training dates upon employment. Be specific on your application about your availability. It is imperative to list all current certifications, especially WSI and LGT. If you should have any questions, please contact us at 860-647-3084.

TOWN OF MANCHESTER, CONNECTICUT
HUMAN RESOURCES DEPARTMENT
41 Center Street, P.O. Box 191
Manchester, CT 06045-0191

APPLICATION FOR SEASONAL WORK

Please answer all questions fully and accurately. All statements are subject to verification. Statements found to be false or misleading will lead to disqualification or dismissal.

Position Applied For: _____

Name: _____

Address: _____
Street City, State, Zip

Home Telephone: _____ Cell Phone: _____

E-mail address: _____

Age: Under 16 _____ Over 16 _____ Over 18 _____ Over 21 _____

Interested in: Full Time _____ Part Time _____

Dates Available for Work: From _____ To _____
month / year month / year

<u>Name of Schools Attended:</u>	<u>Grade Completed</u>
High School: _____	
College: _____	

Describe any special training, experience or certification which would be relevant to the position for which you are applying.

For Recreation positions, check all that apply:

	Expiration date	Expiration date
____ Lifeguard Training	_____	____ BLS-CPR _____
____ First Aid	_____	____ Other CPR _____
____ WSI	_____	

Other _____ Please List: _____

List two references below - not relatives:

<u>Name</u>	<u>Street, City, State, Zip</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____

Experience: Include volunteer experience - List current or most recent position first. Use additional paper if necessary.

Employer: _____ Supervisor: _____
Address: _____ Phone: _____
Dates of From: _____ Hours Per Week: _____
Employ: To: _____ Salary: _____
Position Title: _____ Why Left: _____
Duties: _____

Employer: _____ Supervisor: _____
Address: _____ Phone: _____
Dates of From: _____ Hours Per Week: _____
Employ: To: _____ Salary: _____
Position Title: _____ Why Left: _____
Duties: _____

Do you have a valid Connecticut motor vehicle operator's license? Yes No Operator No. _____

I certify that the statements on this application are true to the best of my knowledge. I also give consent for you to check with personal references, previous employers and educational institutions concerning my past employment and personal history and after a conditional offer is made to check criminal and driving records. I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history. I further understand the acceptance of this form does not constitute an employment agreement.

DRUG TESTING: The Town reserves the right to conduct pre-employment drug testing of all applicants. Applicants may be required to pass a test for drugs of abuse. Failure to pass such a test will result in the withdrawal of any offer of employment.

Signature: _____ Date: _____

**TOWN OF MANCHESTER, CONNECTICUT
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION
SUMMER/TEMPORARY EMPLOYMENT/INTERNSHIP**

I give consent for you to check with personal references, previous employers and educational institutions concerning my past employment and personal history and to check criminal and driving records. I release the Town, previous employers and educational institutions from any liability arising from the truthful disclosure of information concerning my employment or personal history.

A photocopy of this release will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

I have read, understand and agree to the foregoing.

Print Name

Signature

Position Applying For

Date of Birth

Date