

Manchester Parks & Recreation Department
10 Central Street, Manchester, MA 01944
<http://www.manchester.ma.us/recreation>

Seasonal Employment Application

Matthew Casparius, CPRP
Director of Parks & Recreation

Tel: 978-526-2019
Fax: 978-526-2007

Name: _____

Local Address: _____
Town State Zip

Permanent Address: _____
Town State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Highest Educational Level Completed: _____

Area of Study/Major: _____ School: _____

T-Shirt Size: _____

Are you over the Age of 18? Yes: _____ No: _____

*The Town of Manchester is subject to certain child labor laws regarding employment of persons under the age of 18. An Employment Permit may be required.

If you are under the age of 18, please indicate your date of birth _____.

POSITION	MINIMUM AGE TO APPLY	CHECK BOX OF POSITION APPLYING FOR
Assistant Director, After School Program	21	
After School Program Counselor	16	
Basketball Referee	16	
Basketball Scorekeeper	14	

When are you available to work? _____

Please list any days that you will need off during employment period: _____

Referral Source: Newspaper Advertisement Prior Employee Relative
Walk-In Employment Agency School Other

Name of other source: (if applicable): _____

Present and Prior Employment

Please list below employers in consecutive order with present or most recent employer FIRST. Account for all periods of all time between employments. A resume may be attached but DO NOT refer to the resume when completing all sections of this application. Use additional sheets if necessary. Also include any volunteer work that you may have done.

Name and address of company	Dates	Title:
	From	Description of Duties:
	Mo./Yr.	
	To	
Type of Business:	Mo./Yr.	
Telephone:		
Supervisor:		
Salary: Beginning	Ending	
May we contact this employer?		
Reasons for leaving or seeking other employment		

Name and address of company	Dates	Title:
	From	Description of Duties:
	Mo./Yr.	
	To	
Type of Business:	Mo./Yr.	
Telephone:		
Supervisor:		
Salary: Beginning	Ending	
May we contact this employer?		
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Type of Business:	Mo./Yr.	
Telephone:		
Supervisor:		
Salary: Beginning	Ending	
May we contact this employer?		
Reasons for leaving or seeking other employment		

REFERENCES: 3 written references are required prior to employment. Please list them below & attach the references to your application. The references cannot be from family members.

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

Please list your current certifications below and submit a photocopy of your certification cards.

	Yes / No	Expiration Date	Certifying Agency
Lifeguard Training with First Aid	Yes / No	_____	_____
CPR for the Professional Rescuer:	Yes / No	_____	_____
Water Safety Instructor:	Yes / No	_____	_____
Water Safety Instructor Aide:	Yes / No	_____	_____
CPR:	Yes / No	_____	_____
Standard First Aid:	Yes / No	_____	_____
Other(s): Please be specific: _____			

What skills do you possess that would make you a valuable staff member for the Town of Manchester Parks & Recreation Department? _____

Criminal Background Information

1. Have you ever been convicted of a felony? Yes ___ No ___
2. Have you been convicted of a misdemeanor within the past five years?
(First convictions for any of the following misdemeanors; drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace are not required to be reported)
Yes ___ No ___
3. Were you convicted of a misdemeanor more than five years ago, which had a jail term that ended or concluded within the past five years?
Yes ___ No ___

I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and that I can be terminated at any time without notice. I understand that an offer of/or employment by the Town of Manchester is conditional upon satisfactory references and proof of citizenship or immigration status. I authorize investigation of all statements contained in this application as well as persons and companies to furnish any information regarding me, whether or not it is on records, and hereby release them from all liability for damages for providing this information. As part of the application process, I authorize the Town of Manchester to check my Criminal and Sexual Offender Record.

Applicant's Signature: _____ **Date:** _____