



Joseph C. Sullivan
Mayor

BRAINTREE RECREATION DEPARTMENT

85 Quincy Avenue
Braintree, Massachusetts 02184
794-8901 or 794-8903

<i>Interview</i>	
Date:	_____
Time:	_____
Sched by:	_____
Sched. date:	_____

"SUMMER-SEASONAL EMPLOYMENT APPLICATION"

POSITION APPLYING FOR:	(CHECK AREA OR AREAS OF INTEREST)
<u>Supervisory</u>	Waterfronts <input type="checkbox"/> Playgrounds <input type="checkbox"/> Special Needs Camp <input type="checkbox"/> Sports Camp <input type="checkbox"/>
<u>Instructor</u>	Waterfronts <input type="checkbox"/> Playgrounds <input type="checkbox"/> Special Needs Camp <input type="checkbox"/> Sports Camp <input type="checkbox"/>

Dates available for Summer Work **** From: _____ To: _____

What days and times would you be available for an interview: _____

Please note that all candidates must be available for an interview prior to employment

Name: _____
Last First Middle Initial

Permanent Address: _____
Street Town Phone

Present Address: _____
Street Town Phone

E-Mail address: _____ Cell Phone # _____

High School Attended: _____ Graduating Class Year: _____

College Attending: _____ Field of Study: _____ Graduating Class Year: _____

Currently: Student _____ Unemployed _____ Working _____ Where: _____

Previous work experience: Yes No If Yes where & when: _____

Camping experience: Yes No Leadership Experience where & when: _____

RED CROSS CERTIFICATES currently held:
Adv. Lifesaving _____ Water Safety Instructor _____ Std. First Aid _____ Community CPR _____
Professional Rescuer CPR _____ First Responder _____ Lifeguard Training _____
Current Mass Drivers License Yes _____ No _____

List in order of preference which three (3) areas you would most want to be assigned to:

① _____ ② _____ ③ _____

Have you ever been hired by this department or the Town of Braintree in any capacity: Yes
No . If yes, who was your supervisor? _____

What other Experiences have you had that may enhance your qualifications for this position:

List three (3) references, other than relatives that are familiar with your Leadership, Character & Working abilities. (Please give names, addresses, phone number & occupation).

① _____
Name Address Phone # Occupation

② _____
Name Address Phone # Occupation

③ _____
Name Address Phone # Occupation

I, _____ hereby make application for employment with the Braintree Recreation Department for Seasonal Summer Employment and I certify that all statements answered, including available working dates are true and accurate. Should I be hired, I will commit myself to working the full season that I am assigned. In fairness to other applicants, should I be employed by another firm/organization this summer, I will withdraw my application by phone or mail as soon as possible. **The Town of Braintree is an Equal Opportunity/Affirmative Action Employer.**

Date of Application Signature of Applicant

OFFICIAL USE ONLY

INTERVIEW

Date _____ Time _____ Appearance _____ Punctuality _____ Category _____

Interview Comments: _____

Date Hired _____ Accepted Position _____ Position Hired for _____
Immediate Supervisor _____ Effective Work Date _____