

Town of Harwich
Recreation and Youth Department
100 Oak Street, Harwich, MA 02645 | 508-430-7553 | Eric J. Beebe, Director

RECREATION EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY - INCOMPLETE APPLICATION WILL NOT BE ACCEPTED

Position desired _____ Date _____

Position Type: Sports (all programs); After School Youth program; Summer only

Contact Information:

Last Name _____ First Name _____

Permanent Mailing Address _____
Street City/State/Zip

Cell # _____ Email _____

Age 18 or older? YES No, Date of Birth (under 18 only) _____

The Town of Harwich is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Education Certificate may be required depending on your age.

Valid Driver's License # _____ State _____ Expiry Date _____

Emergency Contact: _____ Cell # _____ Relation _____

Were you referred by someone? Yes / No If yes, Name _____

Are you related to a Town employee? Yes / No If yes, Name _____

Relationship/Title/Department _____ / _____ / _____

Special Trainings & Certifications (List all and include expiration date):

Special Interests/Activities:

Pre-employment Requirements:

1. The After School Program enrollment numbers are based on staffing and the Monomoy Regional School Calendar. Please indicate if you are not able to meet this schedule.
2. CORI & SORI checks, as required by law.
3. Additional local, state and federal employment paperwork will be required.
4. You may be required to be certified in CPR and First Aid.
5. Part-time summer employment is a mandatory, 3-day minimum.
6. Summer employment frequently requires holidays AND weekends.



Please turn over and complete page 2!

Name: _____

Education:

School	Name	City/State	Years Attended	Degree Awarded
High School				
College				
Other (Specify)				

Employment History: Please list your last two employers starting with the most recent.

Name of Employer	Employment Dates	Salary	Position	Reason for Leaving
Address	From:	Hourly Rate		
Phone #	To:			
Name of Employer	Employment Dates	Salary	Position	Reason for Leaving
Address	From:	Hourly Rate		
Phone #	To:			

References: Please list two (2) personal character references

Name			
Relationship			
Years known			
Phone number			

By signing below, I acknowledge the information is correct and I understand and agree with my pre-employment requirements.

Applicant Signature

Parent/Guardian Signature (Under 18)

Date

*** FOR OFFICE USE ONLY ***

*** CERTIFICATES ***

Interview Required _____ / _____
Date Staff Initials

Position: _____ / _____
Staff Initials

Date Hired: _____ PAF Sent: _____

Grade/Step: _____ Rate: \$ _____

FIRST AID	Y/N	_____
CPR	Y/N	_____
LIFEGUARD	Y/N	_____
Note: ARC (American Red Cross) LGT is a requirement for lifeguards.		