

*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 \_\_\_\_\_

**Contact Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Cell # \_\_\_\_\_ Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
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 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 check if over 18.
3. Additional employment related paperwork will be required.
4. You may be required to be certified in CPR and First Aid.



**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

<b>Name</b>			
<b>Relationship</b>			
<b>Years known</b>			
<b>Phone number</b>			

By signing below I acknowledge the information is correct and I understand and agree to 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: \_\_\_\_\_

Grade/Step: \_\_\_\_\_ Rate: \$ \_\_\_\_\_

FIRST AID	Y/N	_____
CPR	Y/N	_____