

**WEST HAVEN PARKS AND RECREATION  
PART TIME/SEASONAL/SUMMER\* EMPLOYMENT APPLICATION**

**\*Return by April 15<sup>th</sup> for consideration\***

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Race (optional) \_\_\_\_\_ If hired, can you furnish proof of age and Social Security #? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Position applying for:**

- |   |   |
|---|---|
| <input type="checkbox"/> Parking Lot Constable-must be 18 yrs old                             | <input type="checkbox"/> *CIT- Must be at least 16 yrs old or 15 and completed at least 1 yrs of WHPR Junior CIT Training Program |
| <input type="checkbox"/> Lifeguard- Must hold current certification                           | <input type="checkbox"/> *Counselor-Day Camps/Playground- Must complete 1 yr of college   |
| <input type="checkbox"/> Head Guard-3years Life Guarding experience and current certification | <input type="checkbox"/> *Parks/Beach Maintenance- Must be 18 yrs old   |
| <input type="checkbox"/> Water Aerobics Instructor- swim lessons, fitness                     | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Special Activity Instructor  |   |

How were you informed of this position?

Media  Newspaper  Referral, If referred, by whom? \_\_\_\_\_

**Certifications**

Indicate the expiration date for each certification you currently hold:

ACE \_\_\_\_\_ AEA \_\_\_\_\_ AFFA \_\_\_\_\_ USWFA \_\_\_\_\_ CPR \_\_\_\_\_

First Aid \_\_\_\_\_ WSI \_\_\_\_\_ Lifeguard \_\_\_\_\_ Officiating \_\_\_\_\_ Other: \_\_\_\_\_

**Education**

	School Name	Years	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

**Experience**

Did you participate in the **West Haven Park-Rec Jr. CIT Program**? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

Do you have any experience (work with groups, volunteer work etc.) that would benefit your employment in the Recreation Dept.?

Organization	Responsibility	Age of groups	# of years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment History**

Dates of Employment	Employer	Position	Salary per hour
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever worked for the City of West Haven? \_\_\_\_\_ If yes, When: \_\_\_\_\_ Depart: \_\_\_\_\_  
 Have you ever been terminated from the City of West Haven? \_\_\_\_\_

**Personal References**

Please list 3 references we may contact other than a family member (i.e. coach, teacher, friend)

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

Do you have a valid driver's license? \_\_\_\_\_ If no, do you have dependable transportation? \_\_\_\_\_

I have completed this application and believe that all of the above information I have given to the Parks and Recreation Department is true to the best of my knowledge. I understand my employment is conditional pursuant of successful completion of a police background check. My employment may be terminated if it is determined that I have provided the Parks and Recreation Dept. with false information on this application.

\_\_\_\_\_  
 Signature Date

\*\*\*\*\*

OFFICE USE ONLY

Position/ORG \_\_\_\_\_ Cost center / OBJ \_\_\_\_\_  
 Salary \_\_\_\_\_ Start Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_ T-Shirt Size \_\_\_\_\_