

**APPLICATION FOR EMPLOYMENT**

Full Name: <i>Last</i> _____ <i>First</i> _____ <i>M.I</i> _____		Date: _____
Address: _____		<i>Apt/Unit #</i> _____
<i>City</i> _____		<i>State</i> _____ <i>Zip Code</i> _____
Phone: ( ) _____	E-mail Address: _____	
Position Applied for: _____	Are you able to perform the essential functions of the job that you are applying for?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the Town of Weymouth? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when? _____	

**EDUCATION**

High School: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
Address _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
College: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
Address _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
Other: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
Address _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____

**PREVIOUS EMPLOYMENT**

Company: _____	Phone: ( ) _____
Address: _____	Supervisor: _____
Job Title: _____	Ending Salary \$ _____
Responsibilities: _____	
From: _____ To: _____	Reason for Leaving: _____ <b>May we contact supervisor for a reference? Yes No</b>
Company: _____	Phone: ( ) _____
Address: _____	Supervisor: _____
Job Title: _____	Ending Salary: \$ _____
Responsibilities: _____	
From: _____ To: _____	Reason for Leaving _____ <b>May we contact supervisor for a reference? Yes No</b>
Company: _____	Phone: ( ) _____
Address: _____	Supervisor: _____
Job Title: _____	Ending Salary\$ _____
Responsibilities: _____	
From: _____ To: _____	Reason for Leaving _____ <b>May we contact supervisor for a reference? Yes No</b>

Name: \_\_\_\_\_

<b>LICENSES &amp; CERTIFICATIONS</b>			
Type:	Number:	Expiration date:	
<b>References (List three professional references below)</b>			
Name	Contact Number	Firm name	Relationship
<b>MILITARY SERVICE</b>			
Branch:	From:	To:	
Rank at Discharge:	Type of Discharge:		
If other than honorable, explain:			
<b>CORI NOTICE</b>			
All candidates considered for employment must have a CORI check completed. Results from this CORI can be used in determining eligibility for employment.			
<b>DISCLAIMER</b>			

Additional Information – Please read carefully before signing.

1. I certify that my answers are true and complete to the best of my knowledge.
2. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination from employment.
3. I understand that an offer of employment is contingent upon my successful completion of the pre-employment screening process, including but limited to satisfactory references, a satisfactory criminal history inquiry, satisfactory verification of driver's license or certification(s) (where required) and successful pre-employment drug test and/or physical examination.
4. I agree to allow the Town of Weymouth to verify all information related to my application for employment including work history, education, and references from present and former employers.
5. I understand that the Town of Weymouth is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My signature certifies that I have read and agree with the above statements in this application for employment.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

Weymouth Recreation Division

Please return application to:

Human Resources

Weymouth Town Hall

75 Middle Street

Weymouth, MA 02189

### **2014 SUMMER SEASON APPLICATIONS DUE BY:**

**Friday March 14, 2014 no later than 4:30 pm**

**\*\*Applications received after that date will not be given 1<sup>st</sup> consideration-no exceptions\*\***

**Position Applied For: (Please Check)**

**Schedule**

		a.m.	p.m.	evening
Beach Lifeguard:	_____			
Beach Water Instructor:	_____	Sunday: _____	_____	_____
Wey-Fun Program:	_____	Monday: _____	_____	_____
Sailing instructor	_____	Tuesday: _____	_____	_____
Exceptional Program:	_____	Wednesday: _____	_____	_____
Great Esker Park Program:	_____	Thursday: _____	_____	_____
Sprouts	_____	Friday: _____	_____	_____
Other _____	_____	Saturday: _____	_____	_____

Are you at least 16 years of age?  Yes  No

On what date would you be available to work? \_\_\_\_\_

Are you on a lay-off and subject to recall?  Yes  No

Do you have a current Massachusetts Driver's License that allows you to drive children?  Yes  No

Are you able to commit to work July 7, 2014 through August 15, 2014?  Yes  No

Are you available to work the week of June 16, 2014 through June 20, 2014?  Yes  No

Are you interested in not working June 30, 2014 - July 3, 2014? (enrollment #'s may allow for time off)  Yes  No

Are you available to work the week of August 18, 2014 through August 22, 2014?  Yes  No

Are you available to work the week of August 25, 2014 through August 29, 2014?  Yes  No

If selected, I am available on the evening of June 12, 2014 to attend mandatory orientation?  Yes  No

### **CERTIFICATIONS:**

Expiration

Date:

Please check all certification you currently possess:  
Please submit a copy of your certification.

CPR:	_____	_____
First Aid	_____	_____
WSI	_____	_____
Lifeguard	_____	_____
Sailing instructor	_____	_____
7-D License	_____	_____
EMT	_____	_____
Other: _____		

Name: \_\_\_\_\_

**VOLUNTEER EXPERIENCES:**

Please list your present or past volunteer activities:

1. Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job: \_\_\_\_\_ Duties: \_\_\_\_\_

2. Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job: \_\_\_\_\_ Duties: \_\_\_\_\_

3. Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Job: \_\_\_\_\_ Duties: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Please list any special skills or any additional information you would like to have considered? (Continue on back if necessary):

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I hereby authorize investigation of all statements contained herein. I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The Town of Weymouth is an Equal Opportunity Employer*