TOWN OF WINDHAM Department of Parks & Recreation



SUMMER EMPLOYMENT APPLICATION

Personal Information

Which position are you applying for?	Last Name:	First Name:	Middle Initial:		
E-mail address:	Mailing Address:			Town:	
Are you 18 years or are or older? Image: Yes in the intervent of the intervent	State: Zip:	Phone: (h)		(c)	
If hired, can you provide proof that you are legally authorized to work in the U.S.? □Yes □No If the position sought requires driving, can you provide a valid driver's license and proof of insurance? □Yes □No Position Information Which position are you applying for? Salary desired: \$Shift desired:Are you currently employed? □Yes □No When are you available to start work?How did you hear about the position? Education High School City State Years Attended College/University Field of Study City State Years Attended College/University Field of Study City State Years Attended Company:Position: Company Address:Phone Number:Employment Dates: May we contact this person? □Yes □No Reason for leaving: City:State:Zip: Supervisor:Phone Number:Employment Dates: Company Address:Phone Number:Employment Dates: Company:Phone Number:Employment Dates: Company Address:Phone Number:Employment Dates: Company Address:Phone Number:Employment Dates: Company Address:Phone Number:Employment Dates: Company:Phone Number:Employment Dates:	E-mail address:				
If the position sought requires driving, can you provide a valid driver's license and proof of insurance? □Yes □No Position Information Which position are you applying for? Salary desired: \$	Are you 18 years or are or older? \Box	Have you rec	eived and read	the job description	n? □Yes □No
Position Information Which position are you applying for? Salary desired: \$	If hired, can you provide proof that you	are legally authorized to wo	rk in the U.S.?	Y □Yes □No	
Which position are you applying for? Salary desired: \$Shift desired: Are you currently employed? □Yes □No When are you available to start work? How did you hear about the position? Education High School City State Years Attended College/University Field of Study City State Years Attended Company: Position:	If the position sought requires driving, c	an you provide a valid drive	r's license and	l proof of insurance	?□Yes □No
Salary desired: \$	Position Information				
Are you currently employed? Yes No When are you available to start work?	Which position are you applying for?				
How did you hear about the position?	Salary desired: \$ Shift	desired:			
Education High School City State Years Attended College/University Field of Study City State Years Attended Company:	Are you currently employed? Yes	No When are you avai	lable to start w	vork?	
High School City State Years Attended College/University Field of Study City State Years Attended College/University Field of Study City State Years Attended Employment History (Most recent first) Company:	How did you hear about the position?				
College/University Field of Study City State Years Attended Employment History (Most recent first) Company:	Education				
Employment History (Most recent first) Company:	High School		City	State	Years Attended
Company: Position: Company Address: City: State: Zip: Supervisor: Phone Number: Employment Dates:	College/University	Field of Study	City	State	Years Attended
Company Address:					
Supervisor: Phone Number: Employment Dates: May we contact this person? Image: State: Image: State: Describe your job duties: Position:					
May we contact this person? Yes No Reason for leaving:					
Describe your job duties:	-				
Company: Position: Company Address: City: Supervisor: Phone Number: May we contact this person? PYes No Reason for leaving:		C C			
Company Address: City: State: Zip: Supervisor: Phone Number: Employment Dates: May we contact this person? Image: City: Employment Dates:	Describe your job duties:				
Company Address: City: State: Zip: Supervisor: Phone Number: Employment Dates: May we contact this person? Image: City: Employment Dates:	Company:	Pos	ition:		
Supervisor: Phone Number: Employment Dates: May we contact this person? Yes No Reason for leaving:					
	Supervisor:	Phone Number:		Employment Da	ates:
	May we contact this person? \Box Yes \Box	No Reason for leaving	:		
	Describe your job duties:				

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Company:	Position:		
Company Address:	City:	State: Zip:	
Supervisor:	Phone Number:	Employment Dates:	
May we contact this person? \Box Yes \Box No	Reason for leaving:		
Describe your job duties:			

(Please use additional paper for employment history if needed.)

Other Experience

Please describe any additional information about yourself or other experience you have that is related to the job for which you are applying. List any job-related designations, military experience, certificates, trainings, or courses that may be applicable to the position desired:

Letters of Recommendation

For new employees only – Please provide at least 2 professional or personal letters of recommendations who are not related by blood or marriage. Letters must include contact information to reach out to reference if needed.

Disclaimer & Signature

I understand that the Town is committed to providing equal opportunity in all employment practices, including, but not limited to, selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, citizenship status, or any other category protected by federal, state, or local law.

I authorize the Town to inquire with any current or former employers, professional, work, educational and personal references listed in the application, or any other individuals I may name concerning my work experience. I further authorize the Town to conduct background investigations to include criminal background checks, motor vehicle reports, and other consumer reports that may contain pertinent information related to my candidacy for the position desired. I understand the Town complies with the Fair Credit Reporting Act ("FCRA") and that should employment be denied based upon my background report(s) that I will be provided with a copy of the relevant report, applicable eligibility standards, and a Summary of Rights under the FCRA.

I understand that the Town reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to beginning employment or anytime during employment.

I certify that I have received a copy of the position description for the job desired. I understand that this employment application and any other Town documents provided during the application process are not promises of employment.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Town's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired. DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS

Applicant Signature

Date



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AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the Town of Windham with any and all information they may request concerning my work record, educational history, military record, financial status, criminal or driving record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility to provide contract services for the Town of Windham.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Town of Windham contractor. This release will expire sixty (60) days after the date signed.

Print Name:		
Signed:	 	

Date:

In order to facilitate access to requested background information, please provide the following:

Social Security Number: _____

Date of Birth:

Driver's License Number: