

**TOWN OF WALPOLE RECREATION DEPARTMENT
EMPLOYMENT APPLICATION**



Name: _____ Date of Application: _____

Address: _____
Street City State Zip Code

Home Telephone #: _____ Cell Phone #: _____

E-mail address: _____

Are you legally eligible for employment in this country? Yes No

AGE REQUIREMENT

1. Are you 18 years or older? Yes No

If you answered no to Question #1...

2. Junior Counselor positions require applicants to be 15 years of age at time of hire.
 - If you are applying for this position, do you/will you meet the above requirement at the time of hire? Yes No

3. Counselor/Instructor and Lifeguard positions require applicants to be 16 years of age at time of hire.
 - If you are applying for this position, do you/will you meet the age requirement at the time of hire? Yes No

EMPLOYMENT DESIRED

Position: _____

Are you employed now? Yes No If so, may we contact your employer for a reference? Yes No

Have you ever applied to the Town of Walpole before? When?

Referral Source:
 Advertisement Employee Walk-in Relative Other Referred by : _____

EDUCATIONAL BACKGROUND:

	Name and Location	No. of Years Completed	Subjects Studied
High School			
College		Major/Degree	
Trade, Business or Correspondence School			

SKILLS & QUALIFICATIONS: Summarize any special training skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

EMPLOYMENT HISTORY

Provide the following work history, including name, address, and phone number of a contact person at each place of employment for the previous five years.

Date Month and Year	Name and Address of Employer	Position	Supervisor Name and telephone #	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this job?

Comments: Include explanation of any gaps in employment:

REFERENCES: List three references from individuals not related to you including, but not limited to, previous employers or school administrators.

Name and Address	Telephone #	Years Acquainted
1		
2		
3		

APPLICANT STATEMENT

I certify that the above information is correct and complete to the best of my knowledge. I agree that any misrepresentation or omission of pertinent facts may be considered cause for termination or the withdrawal of any offer of employment. Further I agree to take a pre-employment physical by the Town physician if required for my position and realize that any offer of employment may be contingent upon the results of such an examination.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____ / ____ / ____