

**TOWN OF WASHINGTON
PARKS & RECREATION COMMISSION
BOX 383, WASHINGTON DEPOT, CT 06794
(860) 868-1519 Fax:(860) 868-3103**

**SUMMER PROGRAM 2017 July 3rd –July 28th
APPLICATION FOR EMPLOYMENT
COUNSELOR**

Date: _____

Name: _____ Email: _____

Present Address: _____

Home phone: _____

Date of Birth: _____ Age: _____ Sex: _____

Education: _____

What is/was your major? _____

Year of graduation _____ Degree _____

What extracurricular activities have you participated in? (High school, college and/or current)

Are you presently employed? _____ Occupation? _____

Employer: _____

Work number: _____ Can you be called at this number? _____

If hired, what date could you begin employment with us? _____

Will you be able to work every day that the camp is in session? _____

Are there any particular days or times which you would not be able to work? If yes, please list:

EMPLOYMENT HISTORY:

Dates: _____ Position: _____ Salary: _____
Employer Name & Address _____
Reason for Leaving: _____

Dates: _____ Position: _____ Salary: _____
Employer Name & Address _____
Reason for Leaving: _____

Dates: _____ Position: _____ Salary: _____
Employer Name & Address _____
Reason for Leaving: _____

REFERENCES

List below the names of three persons (not relatives) who have known you for at least one year who could attest to your interest and/or abilities in relation to the position for which you are applying.

1. Name: _____
Address: _____
Phone: _____

2. Name: _____
Address: _____
Phone: _____

3. Name: _____
Address: _____
Phone: _____

Have you completed any First Aid/CPR Courses _____
Please list with completion dates:

List any other experience you feel would qualify you for this position.

Thank you for your interest in working for the Town of Washington. Please send your completed application directly to: Washington Parks & Recreation, P.O. Box 383, Washington Depot, CT 06794. We will contact you to schedule an interview as soon as possible.