



# Harwich Recreation Department Youth, Park, Beach, & Commission

## RECREATION SEASONAL EMPLOYMENT APPLICATION

POSITION DESIRED: \_\_\_\_\_ DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ALTERNATE PH# \_\_\_\_\_ CELL # \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE?  
LICENSE # \_\_\_\_\_ EXP DATE \_\_\_\_\_ ARE YOU 18 YES NO  
IF UNDER 18- YOUR DATE OF BIRTH \_\_\_\_\_

**PERMANENT MAILING ADDRESS (FOR W2)**  
\_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_  
PLEASE PRINT CLEARLY

WERE YOU REFERRED BY SOMEONE? YES / NO NAME \_\_\_\_\_  
CIRCLE ONE IF YES, PLEASE -  
DO YOU HAVE RELATIVES IN TOWN OF HARWICH EMPLOYMENT? YES / NO STATE NAME \_\_\_\_\_  
CIRCLE ONE  
RELATIONSHIP \_\_\_\_\_ TOWN DEPARTMENT \_\_\_\_\_

### EDUCATION:

SCHOOL	NAME	CITY, STATE	GRADUATED	MAJOR	GPA
High School			YES / NO		
College			YES / NO		
Other (Specify)			YES / NO		

WE STAFF THE BEACHES THROUGH LABOR DAY YOUR ABILITY TO WORK THE FULL SEASON IS GREATLY APPRECIATED! LAST DAY YOU ARE ABLE TO WORK \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**IMPORTANT: PHOTOCOPY OF YOUR CURRENT REQUIRED CERTIFICATIONS FIRST AID, CPR (PROFESSIONAL LEVEL) LGT, AND/OR WSI MUST BE ON FILE WITH THIS DEPARTMENT PRIOR TO WORKING AND MUST BE VALID THROUGH LABOR DAY PLEASE TURN OVER TO COMPLETE APPLICATION**



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FOR OFFICE USE ONLY:

CERTIFICATES:

POSITION \_\_\_\_\_  
DATE HIRED \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEASON # \_\_\_\_\_  
STEP 1 2 3 4 5 RATE \$ \_\_\_\_\_  
CIRCLE ONE

	HAVE / VALID THRU
FIRST AID	Y/N _____
CPR	Y/N _____
LGT	Y/N _____
WSI	Y/N _____

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Harwich, MA 02645

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Director:

Executive Assistant:

Recreation Program Specialist:

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SPECIAL TRAINING & CERTIFICATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SPECIAL INTERESTS / HOBBIES / ACTIVITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY:** PLEASE LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

Name of Employer	Employment Dates	Salary	Position	Reason for Leaving
Address	From:	Hourly Rate		
Phone #	To:			
Name of Employer	Employment Dates	Salary	Position	Reason for Leaving
Address	From:	Hourly Rate		
Phone #	To:			
Name of Employer	Employment Dates	Salary	Position	Reason for Leaving
Address	From:	Hourly Rate		
Phone #	To:			

***Anyone seeking part time positions, planning an absence of more than 3 consecutive days or leaving before August 21<sup>st</sup> this summer must have written permission from the Recreation Director prior to April 1, 2016.***

***New this year- If you are seeking a part time position you will need to specify exactly the # of days you will be working per week (minimum # is 2 days per week)***

***We have an exact number of positions to fill and when intent of part-time status is not disclosed we are forced to start the season short staffed.***

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE (IF UNDER 18)

\_\_\_\_\_  
DATE