

RETURN BY
APRIL 1st, 2020

Stanclift Cove Authority

Towns of New Hartford / Barkhamsted

Application for Seasonal Employment

Town Hall • 530 Main Street • PO Box 316 • New Hartford, CT 06057 • (860) 379-3389
StancliftCoveAuthority@gmail.com

Position Applying For: Head Supervisor Supervisor Head Lifeguard Lifeguard

Name: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

There may be age requirements for some positions:

Check if your age is over: 16
 18

DAYS AVAILABLE FOR EMPLOYMENT:

Available Start Date: _____ Last Date Available: _____

Days Available: Sun Mon Tue Wed Thurs Fri Sat
Times Available Days: _____ Evenings: _____

Anticipated Vacation. List dates _____

SHIRT SIZE: _____

Education:

High School / City / State: _____ Did you graduate? Y N

College / City / State: _____ Degree? Y N

Course of Study: _____

Special Certifications Held & Expiration Date if applicable (Lifeguard Training, CPR, First Aid, etc.) **A copy of your certification is required with your application:** _____

Previous Employment – Please list past 2 employers:

1. Company Name: _____ Phone: _____

Supervisor Name: _____ Email: _____

May we contact? Y N Job Responsibilities: _____

2. Company Name: _____ Phone: _____

Supervisor Name: _____ Email: _____

May we contact? Y N Job Responsibilities: _____

Other relevant experience relating to position desired: _____

Personal References (Name, Relationship, Phone, Email):

1. _____

2. _____

The information provided in this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation on the employer to continue to employ me at any time in the future. Some positions may require drug testing, fingerprints, background investigation or a medical examination. I authorize the Town of New Hartford to conduct a background check (only if older than 18), a reference check and to review any records of past employers. A copy of this authorization may be used in requesting information.

Date: _____ Signature of Applicant: _____

An Equal Opportunity Provider and Employer

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

FOR OFFICE USE ONLY

Date Received: _____ Interview Date: _____ Date Hired: _____ ROP: _____