

CITY OF LEOMINSTER

Recreation Department Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

4		 									
(PLEASE PRINT)	PASE PRINT) Date of Application:										
Position(s) Applying	For:										
Referral Source:	Advertisement	Friend	Relative	Walk-In							
	Employment Age	ency	Other_								
If so, for who & wh	xed for the Recreation en?tion?										
Name		FIRST	M	IIDDLE							
Address			STATE	ZIP CODE							
Telephone_()Area Code		_ Cell Phone _									
Email address:											
If employed and you can you furnish a w (Proof of citizenship or will be required upon en	ork permit?	Yes	No								
On what date would	l you be available for	work?		_							
Are you available to	o work	me Part-Tim	ne Shift Work	Temporary							
Are you on a lay-of	f and subject to recall	? Yes N	Ю								
Can you travel if a i	ob requires it?	Ves No									

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer	Telephone ()	Dates From	Employed To	Work Performed
Address	, ,			
Job Title		Hourly Starting	Rate/Sal. Final	
Supervisor				
Reason for Leaving				
2. Employer	Telephone ()	Dates From	Employed To	Work Performed
Address				
Job Title		Hourly	Rate/Sal.	
		Starting	Final	
Supervisor				
Reason for Leaving				
3. Employer	Telephone	Dates	Employed	Work Performed
Address	()	From	То	
Job Title		Hourly Starting	Rate/Sal. Final	
		Starting	Tillai	
Supervisor				
Reason for Leaving				

If you need additional Special Skills and Summarize special acquired from emperature experience.	Qua ski loyi	llific lls a men	eatic and o	o <u>ns</u> qual othe	ifica er	tion	S		parate	shee	t of p	paper					
Veteran of the U.S. Military service? Yes No If Yes, Branch																	
EDUCATION																	
								College				Graduate/					
C 1 137		Ele	emer	tary		-	High				Univ	versity	7		Profe	essiona	1
School Name																	
Year																	
Completed/	4	_		7	0	0	10	11	10	1	2	2	4	1	2	2	4
Degree Diploma/Degree	4	5	6	7 T	8 T	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course																	
of Study																	
Describe Specialized Training, Apprenticeship, Skills and Extra- Curricular Activities						•								•			
Honors Received:	Stat	e any	add	ition	al inf	orma	tion y	ou fee	el may b	e help	oful to	us in	consid	lering	g your	applica	ation.
REFERENCES																	
Give name, address an employers. 1										not re	elated	to you	u and a	re no	ot previ	ious	
2																	
3																	

APPLICANT'S STATEMENT I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. A drug screen and background check is required. Print Name and Date Signature of Applicant FOR PERSONNEL DEPARTMENT USE ONLY Yes □ No Arrange Interview Remarks Interviewer Date Employed Yes □ No Date of Employment_ Job Title Rate of Pay____

Applications may be brought into the Recreation Department Office at 40 Barrett Parkway in Leominster or mailed to the Leominster Recreation Department, 25 West Street, Leominster, MA 01453.

Date

Name and Title