



Town of Portland, CT ❖ An Equal Opportunity Employer  
**APPLICATION FOR SEASONAL RECREATION EMPLOYMENT**

Phone: 860-342-6715, Fax: 860-342-6714, [www.portlandct.org](http://www.portlandct.org)

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address: \_\_\_\_\_  
(STREET / APT #) (CITY) (STATE) (ZIP)

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you currently authorized to work in the United States?  Yes  No

Note: Verification of identity and employment eligibility required at time of hire.

Do you have a valid CT Driver's License?  Yes  No List endorsements: \_\_\_\_\_

Are you 18 years or older?  Yes  No

**Requirements for all positions hired:** *If you are younger than 18 years of age, at time of hire you will need to submit a work permit prior to beginning employment. Work permits may be obtained at the Portland High School (for residents).*

**EMPLOYMENT DESIRED**

Position applying for:  Intern  Camp Counselor/Junior Staff  Supervisor  Directing Staff

Date you can start: \_\_\_\_\_

Ever applied to Town before?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

Are you willing and able to Weekends, Nights, Flexible Hours?  Yes  No

EDUCATION	NAME AND LOCATION OF SCHOOL	IF GRADUATED, TYPE OF DEGREE RECEIVED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER EDUCATION			
OTHER EDUCATION			

**EXPERIENCE / TRAINING / CERTIFICATIONS**

Have you ever worked with children?  Yes  No If yes, what ages? \_\_\_\_\_

**Current Certifications and Expiration Dates – DO NOT list any that have expired:**

CPR:  No  Yes, Expiration Date \_\_\_\_\_

First Aid:  No  Yes, Expiration Date \_\_\_\_\_

Please indicate your experience and detail your qualifications in the space provided. Include any Junior Varsity and Varsity experience.

- Arts and Crafts \_\_\_\_\_
- Basketball \_\_\_\_\_
- Baseball \_\_\_\_\_
- Dance \_\_\_\_\_
- Drama \_\_\_\_\_
- Music (vocal/instrumental) \_\_\_\_\_
- Nature Studies and Environmental Education \_\_\_\_\_
- Paraprofessional \_\_\_\_\_
- Sewing \_\_\_\_\_
- Soccer \_\_\_\_\_
- Softball \_\_\_\_\_
- Tennis \_\_\_\_\_
- Other \_\_\_\_\_

**EMPLOYMENT HISTORY:** list below start with the present/most recent first, working backward

(Present or Most Recent Job)

Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address & Phone: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address & Phone: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address & Phone: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Are you employed now?  Yes  No If yes, may we inquire of your present employer?  Yes  No

**REFERENCES: Provide three (3) persons not related to you, whom you have known at least one year**

NAME	TELEPHONE NUMBER	BUSINESS / SCHOOL	YEARS ACQUAINTED
1.			
2.			
3.			

**DISMISSAL:**

Have you ever been dismissed from employment for inefficiency, delinquency or misconduct?  Yes  No  
 If "YES," please attach a detailed explanation on a separate piece of paper.

**CERTIFICATION:**

1. I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.
2. I give my consent to the Town to check with personal references, previous employers and educational institutions concerning my past employment and personal history including driving and criminal records.
3. I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history.
4. In consideration of my employment, I agree to conform to the Town's rules and regulations, and I agree that my employment and compensation can be terminate, with or without cause, and with or without notice, at any time, at either my or the Town's option.
5. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Town.
6. I understand that no Town representative, other than its First Selectman, and then only when in writing and signed by the First Selectman, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

7. Proof of citizenship or employment eligibility in accordance with the Immigration and Reform and Control Act of 1986 will be required at time of appointment.
8. The Town reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicant will be required to pass a test for drugs and abuse/or alcohol misuse. Failure to pass such test will result in the withdrawal of any offer of employment. Applicants for safety sensitive positions or those requiring CDL's will become participants in the Town's Drug and Alcohol Testing Program.

I hereby acknowledge that I have read the above statements and understand them.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**FEDERAL CIVIL RIGHTS EQUAL OPPORTUNITY INFORMATION**

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Government agencies require periodic reports on the gender, ethnicity and veteran status of applicants. This data is for analysis in preparing government reports and for affirmative action purposes only. This information is confidential and will be kept separate from your application. It will not be used by those making the hiring decision. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION BUT YOUR COOPERATION IN COMPLETING THIS FORM WOULD BE APPRECIATED.**

*I do not wish to furnish this information*

Position Applied for: \_\_\_\_\_

**Gender:**  Female  Male

**Ethnicity / Race / National Origin (check one):**

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White
- Other

**Military / Veteran Status (see definitions below):**

- Special Disabled Veteran
- Vietnam Era Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Not Applicable

**Veteran Status Definitions:**

**Special Disabled Veterans:** means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

**Veterans of the Vietnam Era:** means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a honorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases.

**Other Protected Veteran:** means veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet the criterion identified herein, please refer to <http://www.opm.gov/veterans/html/vgmedal2.htm> or contact (301) 306-6752.

**Recently Separated Veteran:** means any veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.