



# City of Attleboro Recreation

Qualified applicants are considered for all positions without regard to race, age, religion, sex, national origin, marital or veteran's status, or handicap.

(Please Print Legibly)

DATE OF APPLICATION: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_ S.S. #: \_\_\_\_\_  
LAST FIRST INITIAL

ADDRESS: \_\_\_\_\_ CELL #: \_\_\_\_\_  
CITY, STATE & ZIP \_\_\_\_\_ HOME #: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

IF NOT, DO YOU POSSESS AN ALIEN REGISTRATION CARD? YES NO

ALIEN REGISTRATION NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF ATTLEBORO? YES NO

IF SO PLEASE GIVE THE DATES OF EMPLOYMENT & POSITION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR FELONY ? YES NO

DO YOU HAVE ANY VACATIONS PLANNED FOR THIS SUMMER? IF SO, PLEASE DETAIL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY RELATED SKILLS, KNOWLEDGE OR SPECIAL TRAINING YOU MAY POSSESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU ARE APPLYING FOR A LIFEGUARD POSITION:

- 1) Is your lifeguard-training certificate up to date and valid through August of this year? YES NO
- 2) Is your C.P.R. training certificate up to date and valid through August of this year? YES NO
- 3) Is your first aid certification current and valid through August of this year? YES NO
- 4) At which pool would you prefer to work? Briggs Spatcher Twin Village

EDUCATION: Circle Highest Grade Completed

High School:	9	10	11	12
College:	1	2	3	4
Graduate:	1	2	3	4

List Any Degree or Diploma and School(s) Attended

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PERSONAL REFERENCES:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE # : \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

EMPLOYMENT EXPERIENCE: List each job held . Start with your present or last job. Exclude groups, which indicate race, color, religion, sex or national origin.

EMPLOYER:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

AGREEMENT: I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of the City of Attleboro. I authorize you to make such investigation and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_