

# Town of Bethlehem

## Park and Recreation Department

36 Main Street South Bethlehem CT 06751

### Application for Seasonal Employment

The applicant should submit the application, a cover letter and resume to PO Box 160, Bethlehem, CT 06751. The package may also be delivered directly to the Bethlehem Town Hall located at 36 Main Street South, Bethlehem, CT or sent by email to recreation@bethlehemct.org. The Town is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, race, ancestry, color, religious, national origin, sex, sexual orientation, and disability. Applications will be accepted until the position is filled.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State Zip*

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### POSITION APPLYING FOR:

\_\_\_\_\_ Camp Director    \_\_\_\_\_ Head Camp Counselor    \_\_\_\_\_ Camp Counselor    \_\_\_\_\_ Junior Counselor  
\_\_\_\_\_ Head Lifeguard    \_\_\_\_\_ Lifeguard    \_\_\_\_\_ Camp Counselor/ Lifeguard Combo

#### AVAILABILITY/SCHEDULE:

Date Available: \_\_\_\_\_ Ideal number of weekly hours: \_\_\_\_\_ Salary/Wage Desired: \$ \_\_\_\_\_ per hour

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Please list below the dates you are not available to work (*Vacations, holidays, etc.*): \_\_\_\_\_

#### CERTIFICATIONS:

\_\_\_\_\_ Expiration \_\_\_\_\_

\_\_\_\_\_ Expiration \_\_\_\_\_

\_\_\_\_\_ Expiration \_\_\_\_\_

#### EXPERIENCE:

Were you, at any time, previously employed by the Town? \_\_\_\_\_ If yes, please list positions: \_\_\_\_\_

Do you have any experience with the position you are applying for? \_\_\_\_\_ If yes, please list positions: \_\_\_\_\_

Why do you think you make a good candidate for the Town of Bethlehem's Park and Recreation Seasonal Staff?

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**FORMER EMPLOYERS:** *(Most Recent Four Employers - Last One First)*

Month/Year	Name, Address of Employer, Position	Phone
From To		
From To		
From To		
From To		

**REFERENCES:** Provide the names of three people not related to you, whom you've known for at least one year

Name	Address	Phone	Years Acquainted

I hereby certify that all information provided on the application (or an attached Resume) is true and correct. I understand that any misrepresentation or omission will be grounds for discharge from employment whenever discovered. I hereby authorize the Town of Bethlehem to check and verify all information on the application and fully release the Town of Bethlehem from any liability resulting from the verification process. I understand that all employment with the Town of Bethlehem is on an at-will basis, and that employees are free to resign or terminate at any time. I understand that this application does not constitute an employment contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_