



# Old Town Recreation Center

Where Recreation, Education, and Community Come Together

## Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Thank you for your interest in our "Rec Family"

Here at the Old Town Recreation Center, we truly love what we do. We take pride in offering a safe, productive and positive experience for the youth and communities we serve.

We hope you share in this passion, and feel that you would complement our quest to make a difference.

Your name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's license number: \_\_\_\_\_

Position(s) Applying for: \_\_\_\_\_

(Afterschool program / Summer Camp) Specialty Program?: (Please specify) \_\_\_\_\_

Full-time     Part-time

On what days would you be available to work with us? \_\_\_\_\_

Generally speaking, what times are you available? \_\_\_\_\_

Do you currently attend school/college? Yes  No  What year? \_\_\_\_\_

School/College attending: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Degrees / Certifications held: \_\_\_\_\_

Are you employed now?    Yes  No

Name of Business/Organization: \_\_\_\_\_

Current position: \_\_\_\_\_ Years Worked: \_\_\_\_\_

May we contact your current and past employers? Yes  No

Have you filed an application with us before?    Yes  No     If Yes, when? \_\_\_\_\_

**Address:** 342 Bennoch Road, P.O. Box 273, Stillwater, ME 04489

**Phone:** (207) 827-3961    **Fax:** (207)827-3993

**Website:** <http://oldtownrec.com/>

**Facebook:** <https://www.facebook.com/OldTownRecreation/>

# Employment Experience:

Start with your present or last job. Include military service assignments and volunteer activities. (Feel free to exclude organization names which indicate race, color, religion, sex or national origin)

<b>Company:</b>	Dates Employed:	Work Performed?
Job Title:		
Name of Supervisor: Phone/contact:	Starting/Ending Salary	
Reason for Leaving:		
<b>Company:</b>	Dates Employed:	Work Performed?
Job Title:		
Name of Supervisor: Phone/contact:	Starting/Ending Salary	
Reason for Leaving:		
<b>Company:</b>	Dates Employed:	Work Performed?
Job Title:		
Name of Supervisor: Phone/contact:	Starting/Ending Salary	
Reason for Leaving:		

**Special Skills and Qualifications:**

Please take a moment to share with us any special skills and qualifications acquired from other experiences you have had:

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Do you currently possess certification in any of the following, or have you been certified in the past, in any of the certifications listed below?

Teacher Certification       CPR       First Aid       Life Guard       Childcare

Are these certifications current? Yes       No       When do / did they expire? \_\_\_\_\_

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# Education:

	High School	College/University	Grad School / Other
Name / Location of Institution:			
Years Completed:			
Course of Study:			
Please describe any specialized training, honors, internships, skills, and extracurricular activities you may have experienced during this time:			

List professional, trade, business or civic activities and offices held. (You may again exclude those which indicate race, color, religion, sex or national origin, if so desired.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide us with the name, address, and telephone number of THREE references who are *not related* to you and are not previous employers.

Name: \_\_\_\_\_ Address : \_\_\_\_\_ Phone / contact info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agreement: I certify the 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 they may be necessary in arriving at an informed employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge at any time. I understand, also, that I am required to abide by all rules and regulations of the Old Town Recreation Center, and represent their mission and purpose to the best of my ability at all times.

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

\_\_\_\_\_  
Date

	<b>For Old Town Recreation Center Use Only</b>
Arrange Interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks:	_____
	_____
	_____