*Town of Coventry*

*Parks & Recreation Department*

*Guy L. Lefebvre Community Center*

*1277 Main Street*

*Coventry, RI 02816*

**SUMMER EMPLOYMENT APPLICATION**

**PERSONAL INFORMATION:**

|  |  |
| --- | --- |
| Name: | Email: |
| Street Address: | Town/State/Zip: |
| Cell Phone: | Home Phone: |

**POSITION APPLYING FOR:** (please circle all that apply)

|  |  |
| --- | --- |
| Program Counselor (16+) - Supervise groups of children while implementing age appropriate activities and field trips. | Coordinators (21+) - Supervise camp staff, assist with planning activities, and communicate with parents and staff. |
| Lead Counselor (18+) – Supervise groups of children while offering support to counselors, assists with planning activities and communicate with parents and coordinators. | Specialty Counselors (18+) – Plan and implement multiple age appropriate activities around Arts and Crafts, Theatre Arts, STEAM, and athletics. |
|  |  |
|  |  |
|  |  |

**EDUCATION:**

Are you enrolled in school at this time? Yes No

Name of High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Grade Level or Graduation Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Name of College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Degree Earned (circle one): High School Associate Bachelor Master

**WORK EXPERIENCE:**

1. Company name, address, phone number, and name of immediate supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Type of work performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed here? Yes No; May we contact this employer? Yes No

2. Company name, address, phone number, and name of immediate supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Type of work performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed here? Yes No; May we contact this employer? Yes No

What is your main reason for applying for this job? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any experiences that pertain directly to the position you are applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CERTIFACTIONS:** (attach copies if applicable)

Standard First Aid Yes No Date Issued:\_\_\_\_\_\_\_\_\_\_\_ Date Expires:\_\_\_\_\_\_\_\_\_\_\_\_

CPR/AED Yes No Date Issued:\_\_\_\_\_\_\_\_\_\_\_ Date Expires:\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES:** (list those who are not related to you and are not previous employers)

1. Name, address, phone number

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2. Name, address, phone number

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**AVAILABILITY:**

I am available to work from **late June – late August**: Yes No

I am unable to work on these dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

“I certify that the 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 immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the Parks & Recreation Department.”

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Signature of Applicant Date

**Application must be returned to the Coventry Department of Parks and Recreation,**

**1277 Main St., Coventry, RI 02816, by April 15, 2022 to be considered for employment.**

**-AN EQUAL OPPORTUNITY EMPLOYER- E-mail:** [**parksandrecreation@coventryri.org**](mailto:parksandrecreation@coventryri.org)