

**TOWN OF WALPOLE RECREATION DEPARTMENT  
EMPLOYMENT APPLICATION**



Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_  
Street State Zip Code

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

E-mail address: \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

**AGE REQUIREMENT**

1. Are you 18 years or older?  Yes  No

2. Counselor/Instructor and Lifeguard positions require applicants to be 16 years of age at time of hire.  
 - If you are applying for this position, do you/will you meet the age requirement at the time of hire?  Yes  No

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_

Are you employed now?  Yes  No If so, may we contact your employer for a reference?  Yes  No

Have you ever applied to the Town of Walpole before? \_\_\_\_\_ When? \_\_\_\_\_

Referral Source:  
 Advertisement  Employee  Walk-in  Relative  Other Referred by : \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

	Name and Location	No. of Years Completed	Subjects Studied
High School			
College		Major/Degree	
Trade, Business or Correspondence School			

**SKILLS & QUALIFICATIONS:** Summarize any special training skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY**

Provide the following work history, including name, address, and phone number of a contact person at each place of employment for the previous five years.

Date Month and Year	Name and Address of Employer	Position	Supervisor Name and telephone #	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this job?

Comments: Include explanation of any gaps in employment:

**REFERENCES: List three references from individuals not related to you including, but not limited to, previous employers or school administrators.**

Name and Address	Telephone #	Years Acquainted
1		
2		
3		

**APPLICANT STATEMENT**

I certify that the above information is correct and complete to the best of my knowledge. I agree that any misrepresentation or omission of pertinent facts may be considered cause for termination or the withdrawal of any offer of employment. Further I agree to take a pre-employment physical by the Town physician if required for my position and realize that any offer of employment may be contingent upon the results of such an examination.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_