

**APPLICATION FOR EMPLOYMENT**

Full Name: <i>Last</i> _____ <i>First</i> _____ <i>M.I</i> _____			Date: _____
Address: _____			<i>Apt/Unit #</i> _____
<i>City</i> _____		<i>State</i> _____	<i>Zip Code</i> _____
Phone: ( ) _____	E-mail Address: _____		
Position Applied for: _____	Are you able to perform the essential functions of the job that you are applying for?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the Town of Weymouth? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, when? _____		

**EDUCATION**

High School: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
Address _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
College: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
Address _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____
Other: _____	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____

**PREVIOUS EMPLOYMENT**

Company: _____	Phone: ( ) _____
Address: _____	Supervisor: _____
Job Title: _____	Ending Salary \$ _____
Responsibilities: _____	
From: _____ To: _____	Reason for Leaving: _____ <b>May we contact supervisor for a reference? Yes No</b>
Company: _____	Phone: ( ) _____
Address: _____	Supervisor: _____
Job Title: _____	Ending Salary: \$ _____
Responsibilities: _____	
From: _____ To: _____	Reason for Leaving _____ <b>May we contact supervisor for a reference? Yes No</b>
Company: _____	Phone: ( ) _____
Address: _____	Supervisor: _____
Job Title: _____	Ending Salary\$ _____
Responsibilities: _____	
From: _____ To: _____	Reason for Leaving _____ <b>May we contact supervisor for a reference? Yes No</b>

Name: \_\_\_\_\_

<b>LICENSES &amp; CERTIFICATIONS</b>		
Type:	Number:	Expiration date:
<b>MILITARY SERVICE</b>		
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		
<b>CORI NOTICE</b>		
All candidates considered for employment must have a CORI check completed. Results from this CORI can be used in determining eligibility for employment.		
<b>DISCLAIMER</b>		

Additional Information – Please read carefully before signing.

1. I certify that my answers are true and complete to the best of my knowledge.
2. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination from employment.
3. I understand that an offer of employment is contingent upon my successful completion of the pre-employment screening process, including but limited to satisfactory references, a satisfactory criminal history inquiry, satisfactory verification of driver's license or certification(s) (where required) and successful pre-employment drug test and/or physical examination.
4. I agree to allow the Town of Weymouth to verify all information related to my application for employment including work history, education, and references from present and former employers.
5. I understand that the Town of Weymouth is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My signature certifies that I have read and agree with the above statements in this application for employment.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT  
Weymouth Recreation Division  
Please return application to:  
Human Resources  
182 Green Street  
N. Weymouth, MA 02191

**2020 LIFEGUARD APPLICATION**  
**Positions will be open until filled**

Position(s) Applied For: (Please Check)	<u>Hours Available</u>		
	7 am-12:30 pm	12:30-6:00 pm	6:00-8:00 pm
Swimming Instructor: _____	Sunday: _____	_____	_____
Lifeguard: _____	Monday: _____	_____	_____
	Tuesday: _____	_____	_____
	Wednesday: _____	_____	_____
	Thursday: _____	_____	_____
	Friday: _____	_____	_____
Other _____	Saturday: _____	_____	_____

Are you at least 16 years of age?  Yes  No

On what date would you be available to start work? \_\_\_\_\_

How many hours per week are you seeking? (Circle one) **Less than 15**      **15 – 25**      **25 – 40**

Do you anticipate requesting time off?  Yes  No

If yes – Please indicate dates you would be seeking to have off.

Are you on a lay-off and subject to recall?  Yes  No

Do you have a current Massachusetts Driver's License?  Yes  No

**CERTIFICATIONS:**

Please check all certification/trainings you currently possess:	CPR: _____	Expiration Date: _____
Please submit a copy of your certification.	First Aid _____	_____
	WSI _____	_____
	Lifeguard _____	_____
	Waterfront _____	_____
	Sailing Instructor _____	_____
	EMT _____	_____
	Food Safety _____	_____
	Other: _____	_____

**VOLUNTEER EXPERIENCES:**

