



**TOWN OF HUDSON
PARK COMMISSION
DIVISION OF RECREATION**

**APPLICATION FOR SEASONAL EMPLOYMENT (PLEASE PRINT)
DEADLINE TO APPLY: FRIDAY, OCTOBER 18th**

NAME _____ CELL PHONE _____

EMAIL ADDRESS _____ HOME PHONE _____

ADDRESS _____ TOWN/ZIP _____

Will you be sixteen years of age by December 1st: YES NO

Please indicate the grade level(s) you'd prefer to work with (circle all that apply):

K-1 2-3 4-5 6-8

POSITION DESIRED

- ___ Gym Supervisor (Choose one: Adult, Youth, Either)
- ___ Basketball Scorekeeper (Choose one: Adult, Youth, Either)
- ___ Youth Basketball Clinician/Instructor
- ___ Youth Basketball Referee
- ___ Other (Please Specify) _____

Are you applying to for a Supervisors Position: YES NO

Please indicate which program you would like to Supervise: _____

Please indicate (X) which days and times you are available to work and provide the date you're available to start. Check all that apply.

| (X) | Day | Time | Available to start | (X) | Day | Time | Available to start |
|-----|-----------|---------------|--------------------|-----|----------|----------------|--------------------|
| | Monday | 5:00pm-8:00pm | | | Saturday | 8:30am-12:00pm | |
| | Tuesday | 5:00pm-8:00pm | | | Saturday | 12:00pm-4:00pm | |
| | Wednesday | 5:00pm-8:00pm | | | Saturday | 4:00pm-7:00pm | |
| | Thursday | 5:00pm-8:00pm | | | Sunday | 8:30am-12:00pm | |
| | Friday | 5:00pm-8:00pm | | | Sunday | 12:00pm-4:00pm | |
| | | | | | Sunday | 4:00pm-7:00pm | |

FORMAL EDUCATION

HIGH SCHOOL

NAME AND LOCATION _____

YEARS ATTENDED _____ DATE OF GRADUATION _____

COLLEGE

NAME AND LOCATION _____

YEARS ATTENDED _____ DATE OF GRADUATION _____

DEGREE: _____

CERTIFICATIONS (LGT, WSI, CPR, AED, First Aid) _____

Vocational Goals _____

Vocational Workshops, Training, Institutes, Conferences _____

Leadership Experience _____

Hobbies, Interests, Special Skills, Personal Experiences (Travel, club association) _____

FORMER EMPLOYERS

Employer Name and Address _____

Position _____

Dates of Employment _____ Reason for leaving _____

Employer Name and Address _____

Position _____

Dates of Employment _____ Reason for leaving _____

May we contact the above employers: Yes _____ No _____

Briefly describe your reasons for desiring the position applied for and the outstanding qualifications you possess for this job. _____

SCHEDULING REQUESTS

Please provide us with any dates that you may require “off” during your seasonal employment. This would include family vacations, college orientations, travel sport teams, etc. (For reference - Summer Employment typically runs mid-June to the end of August and Winter Employment typically runs from mid-late October until February school vacation)

REFERENCES

(Do not use persons related to you or former employers. Please list Name and Phone Number)

1. _____

2. _____

3. _____

I, the undersigned applicant, hereby grant permission for the Town of Hudson, Division of Recreation to contact the above references

Signature of Applicant _____ Date _____