



TOWN OF HUDSON
PARK COMMISSION - DIVISION OF RECREATION
APPLICATION FOR SEASONAL EMPLOYMENT
Application Deadline: March 13th, 2026

NAME _____

CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

ADDRESS _____ TOWN/ZIP _____

Will you be sixteen years of age by June 1st, 2026? ☐ YES ☐ NO

Have you ever filed an employment application with the Town of Hudson before? ☐ YES ☐ NO

Have you ever been employed by the Town of Hudson before? ☐ YES ☐ NO

Please indicate (by marking "X") the program(s) & position(s) you would like to be considered for:

☐ **Centennial Beach:** Operates daily, including weekends and holidays, June - August. 9:00am-7:00pm.

Positions: ☐ Supervisor ☐ Lifeguard ☐ Gate Clerk ☐ Swim Instructor

☐ **Day Socialization Programs:** Programs run weekdays from late June - early August. 8:30am-3:00pm.

Positions: ☐ Supervisor ☐ Leader

Please indicate (by marking "X") all age groups you'd prefer working with:

☐ PreK-Grade 2 ☐ Grades 3-5 ☐ Grades 6-8 ☐ Grades 9-12

☐ **Instructor-Led Programs:** Program days/time vary from June – August. For example: Tennis Lessons are typically held weekdays between 8:00-12:00 and the Track Program runs during the evenings on weeknights.

Positions: ☐ Tennis ☐ Track and Field

Please indicate (by marking "X") all age groups you'd prefer working with:

☐ PreK-Grade 2 ☐ Grades 3-5 ☐ Grades 6-8 ☐ Grades 9-12 ☐ Adults

Would you be interested in being considered for other seasonal positions not listed above?

☐ YES ☐ NO

Employee Availability

List ALL Dates & Times that you CANNOT work from June – August as well as any scheduling restrictions (ie. "in school until June 18", "available weekends only", "not available on Tuesdays", etc) and be sure to include conferences, vacations, college orientations, commitment to athletic programs, etc.

List **CERTIFICATIONS** you possess or are in the process of obtaining (CPR, First Aid, AED, LGT, WSI etc.)

Briefly share why you've applied and list the qualifications you possess for the position(s) selected above:

Do you have prior experience working with individuals with social, physical, and/or developmental disabilities?

☐ NO ☐ YES (If yes, please explain) _____

Please list any relevant Leadership Experience, Hobbies, Interests, Special Skills you possess related to position you seek:

EDUCATION

HIGH SCHOOL

NAME AND LOCATION _____

GRADUATED? ____ YES ____ NO

COLLEGE

NAME AND LOCATION _____

GRADUATED? ____ YES ____ NO

DEGREE: _____

FORMER EMPLOYERS

Employer Name and Address _____

Supervisor Name _____ Position _____

Dates of Employment _____ Reason for leaving _____

Employer Name and Address _____

Supervisor Name _____ Position _____

Dates of Employment _____ Reason for leaving _____

PERSONAL REFERENCES

List Name, Relationship, and Phone Number of references that are not related to you or former employers.

1. _____

2. _____

3. _____

I, the undersigned applicant, acknowledge the conditions of and grant permission for the Town of Hudson to complete pre-employment requirements, such as but not limited to, those listed below:

Employment Verification – I grant permission for the Town of Hudson, Division of Recreation to contact any and all of the Former Employees and/or Personal References provided.

CORI (Criminal Offender Record Information) Check – I understand Hudson Recreation will perform a CORI check on all hires.

Employment Authorization - I understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States.

The Town of Hudson considers applicants for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status

I certify that 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 may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause or notice. It is further understood that this "at will" employment relationship may not be change by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations as set forth I the Town's policies, by-laws, or other communication distributed to all employees, which may be changed without notice at the discretion of the Town.

Signature of Applicant _____ Date _____

**Please submit completed applications to
Daniel Hannon, Assistant Director of Recreation at dhannon@townofhudson.org.**