



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

**APPLICATION FOR SEASONAL EMPLOYMENT (PLEASE PRINT)  
DEADLINE TO APPLY: FRIDAY, OCTOBER 13<sup>th</sup>**

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-2                      3-5                      6-8                      Adult**

**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 \_\_\_\_\_