

BARRINGTON RECREATION STAFF APPLICATION

PLEASE COMPLETE APPLICATION IN PEN AND RETURN TO ABOVE ADDRESS

Position applying for: *Program Coordinator / Program Staff / Camp Counselor / other*:

Name:		SSN #	DOB:
Parent(s) Names: (if und	ler 18)		
Current Address:			
Home Phone:	Cell:	Email:	
Schedule you are seekin	g/Days off you will need?		
Please specify the activi	ties that interest you:		

EDUCATION:

YEARS	SCHOOL	MAJOR SUBJECTS	DEGREE/DIPLOMA

PAST EMPLOYMENT:

DATES	EMPLOYER	ADDRESS/PHONE	POSITION/DUTIES	REASON FOR LEAVING

APPLICABLE EXPERIENCE:

DATES	ORGANIZATION/ADDRESS	POSITION	DUTIES

Have you ever been charged with, arrested for or convicted of a violation of federal, state or local law?___

If yes, please describe circumstances including disposition:

CERTIFICATION INFORMATION: Please list <u>expirations</u> of certifications that you hold

Adult/Child CPR:	Infant CPR:	First Aid:	AED:	
Am. Red Cross Life Guard:	Waterfront:	WSI:		

COURSES: List any courses taken that would be relevant to this position:

Do you hold a valid driver's License? _____ State and License#:____

WHY ARE YOU INTERESTED IN WORKING FOR THE BARRINGTON REC DEPARTMENT?

WHAT QUALITIES DO YOU POSSESS THAT WOULD QUALIFY YOU TO WORK FOR THE REC?

WHAT TALENTS AND/OR INTERESTS DO YOU HAVE THAT APPLY TO THIS POSITION?

Health/Fitness	Singing	Baseball	Volleyball
Arts & Crafts	Woodworking	Basketball	Water play/sports
Cooking	Rocks & Minerals	Canoeing	Other:
Dance	Astronomy	Fishing	
Drama	First Aid/Lifesaving	Hiking/Orienteering	
Painting/Drawing	Nature Study/Wild Life	Kayaking/Canoeing	
Photography	Ropes Course	Soccer	
Pottery	Knot tying	Softball	
Puppet Theater	Board games	Playground Games	

REFERENCES: List three people other than your family who best know your qualifications for this position.

NAME	ADDRESS	PHONE

AUTHORIZATION OF RELEASE OF INFORMATION FOR A BACKGROUND CHECK

I, _______, an applicant for employment with the Town of Barrington, hereby authorize education institutions, companies, corporations, persons, city/town, county state and federal law enforcement agencies to release information to the Town of Barrington Recreation Department for purposes of a background investigation. All information relative to my employment or association with said named entities is to be forwarded to the Town of Barrington Recreation Department at their request.

Further more, I hereby certify that all statements made in this application are true and complete. I also understand that untrue, misleading or omitted information, provided herein, may result in dismissal, regardless of the time of the discovery by the Town of Barrington.

A copy of your driver's license with your application is necessary to complete your background check.

Signature of Applicant: _____