

**RETURN BY  
APRIL 15, 2017**

**Stancift Cove Authority**  
Towns of New Hartford / Barkhamsted  
Application for Seasonal Employment

Town Hall • 530 Main Street • PO Box 316 • New Hartford, CT 06057 • (860) 379-3389

Position Applying For:  Head Supervisor  Supervisor  Head Lifeguard  Lifeguard Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

There may be age requirements for some positions:

Check if your age is over:  16  
 18

**DAYS AVAILABLE FOR EMPLOYMENT:**

Available Start Date: \_\_\_\_\_ Last Date Available: \_\_\_\_\_

Days Available: Sun Mon Tue Wed Thur Fri Sat  
Times Available Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

**Education:**

High School / City / State: \_\_\_\_\_ Did you graduate? Y N

College / City / State: \_\_\_\_\_ Degree? Y N

Course of Study: \_\_\_\_\_

Special Certifications Held & Expiration Date if applicable (Lifeguard Training, CPR, First Aid, etc.): \_\_\_\_\_

**Previous Employment** – Please list past 2 employers:

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
May we contact? Y N Job Responsibilities: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Email: \_\_\_\_\_  
May we contact? Y N Job Responsibilities: \_\_\_\_\_

**Other relevant experience** relating to position desired: \_\_\_\_\_

**Personal References** (Name, Relationship, Phone, Email):

1. \_\_\_\_\_  
2. \_\_\_\_\_

The information provided in this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation on the employer to continue to employ me at any time in the future. Some positions may require drug testing, fingerprints, background investigation or a medical examination. I authorize the Town of New Hartford to conduct a background check (only if older than 18), a reference check and to review any records of past employers. A copy of this authorization may be used in requesting information.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**An Equal Opportunity Provider and Employer**

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Date Hired: \_\_\_\_\_ ROP: \_\_\_\_\_