

2021 SUMMER APPLICATION

City of Haverhill



Name: _____
First Middle Last

Address: _____ Tel#: _____
Street # Street Name City State Zip

When will you be available to begin work? _____

Have you ever been employed by the City of Haverhill? _____ (If yes, please list below dates and position(s) held)

From: _____ To: _____ Position: _____
 From: _____ To: _____ Position: _____

Have you ever had First Aid Training? (please indicate when) _____

Have you ever had CPR training? (please indicate when) _____

NOTE: THIS APPLICATION DOES NOT SIGNIFY THAT THERE WILL BE OPENINGS. THIS IS ONLY IN ANTICIPATION OF SUCH OPENINGS.

<p>PLEASE CHECK (✓) POSITION(S) DESIRED (ANTICIPATED OPENINGS)</p> <p><input type="checkbox"/> Laborer (16 yrs or older)</p> <p><input type="checkbox"/> Asst. Supervisor (Must be 18 yrs or older)</p> <p><input type="checkbox"/> Youth Supervisor (18 yrs or older)</p> <p><input type="checkbox"/> Lifeguard (Must have certificate)</p> <p><input type="checkbox"/> Head Lifeguard (Certified Lifeguard at least 21 yrs of age)</p> <p><input type="checkbox"/> Park Ambassador</p>	<p>PLEASE CHECK (✓) POSITION(S) DESIRED (ANTICIPATED OPENINGS)</p> <p><input type="checkbox"/> Tennis Instructor</p> <p><input type="checkbox"/> Assistant Summer Program Director (3 yrs experience)</p> <p><input type="checkbox"/> Teacher Support Personnel (Must be ESP, Bachelor's Degree or Teacher Certified)</p> <p><input type="checkbox"/> Clerical</p> <p><input type="checkbox"/> Seasonal Help</p>
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List experience with children and/or course related studies (for **Recreation** positions):

EXPERIENCE

Employer/Tel#	Dates Employed	Reason for leaving
_____	_____	_____
Employer/Tel#	Dates Employed	Reason for leaving
_____	_____	_____

COURSE RELATED STUDIES

Title:	School	Date	Did you pass the course?
_____	_____	_____	_____
Title:	School	Date	Did you pass the course?
_____	_____	_____	_____

SCHOOLING

Name/Location of School	Course of Study	#Yrs Completed	Did you graduate?	Degree/Diploma
_____	_____	_____	_____	_____
Name/Location of School	Course of Study	#Yrs Completed	Did you graduate?	Degree/Diploma
_____	_____	_____	_____	_____

BACKGROUND AUTHORIZATION

Name of Applicant: _____

Position Desired: _____

PLEASE LIST AT LEAST TWO (2) WORK RELATED OR PERSONAL REFERENCES.

1) Company: _____

Supervisor: _____

Address: _____

Telephone#: _____

Email: _____

2) Company: _____

Supervisor: _____

Address: _____

Telephone#: _____

Email: _____

3) Company: _____

Supervisor: _____

Address: _____

Telephone#: _____

Email: _____

Signature: _____ Date: _____

In lieu of an actual signature, by submitting this online application I hereby acknowledge that the statements and information furnished by me in this application are true and complete. I understand that I will be subject to immediate dismissal or refusal to hire if at any time the City of Haverhill discovers any falsification, omission, or misrepresentation of fact(s) in this application.