



TOWN OF WINDHAM
Department of Parks and Recreation

SUMMER DAY CAMP
PROGRAM

EMPLOYMENT APPLICATION

Last Name: _____ **Middle Initial:** _____ **First Name:** _____

Mailing Address: _____ **Town:** _____

State: _____ **Zip:** _____ **Phone:** _____ **Date of birth:** _____

E-mail address: _____

Driver's License #: _____ **State:** _____ **Expiration Date:** _____

Educational Background

High School Name	City	State	Years Attended
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College Name	City	State	Years Attended	Field of Study
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Work History (please list most recent first):

Company	Job Title	Dates of Employment	Phone Number
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Safety Training and Certifications (first aid, CPR, lifeguard training):

Title	Expiration Date
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Personal References
(Not related)

Name	Relationship	Years Known	Phone #
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Please tell us any additional information about yourself that you feel we should know, including what position(s) you would like to be considered for. Include any experience you may have with leading outdoor expeditions, teaching, or working with youth):

Authorization to release information

I hereby request and authorize you to furnish the Windham Recreation Department with any and all information that they may request (concerning my work record, educational history, military record, criminal record, general reputation, and past or present medical condition.)

This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Windham Recreation employee.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information requested above or any subsequent use of such information determining my qualifications to serve as a Recreation employee. This release will expire 60 days after the date signed.

Signed _____

Date _____