

CITY OF GLOUCESTER

Summer Employment Program

- New Applicant
 Rehire

A. General Information

Name: _____ Phone: _____
Address: _____
City/State/Zip: _____ Email: _____

Availability: Start Date: _____ End Date: _____
Periods NOT available due to family vacations, athletic camps, and second jobs: _____

Summer employees must fulfill their commitment to work the full time period specified above in order to be eligible for rehire the following year. Please initial here _____

Have you ever worked for the City of Gloucester? Y or N

Dates employed: _____

Position(s) held: _____

Position(s) Applying For (please check):

_____ Parking Lot Attendant
_____ Beach/Park Supervisor*
_____ General Laborer **

_____ Head Lifeguard**
_____ Lifeguard**

* Position require light to moderate physical activities.

** Position require moderate to heavy physical activities, including ability to lift up to 50 lbs.

Will you accept part time work? _____

Will you accept weekend work? _____

Do you want to be placed on a standby list? _____

Hours of work vary for different positions. Laborer positions may be considered physically taxing and require 6:00 to 7:00 AM starting times. All individuals must work those shifts assigned, including holidays, weekends and/or a staggered work week. Employees may also be required to work in adverse weather conditions. Alternative work assignments may be made due to inclement weather and workload requirements.

HIRING PREFERENCE MAY BE GIVEN TO SUPPORT ACTIVELY ENROLLED COLLEGE STUDENTS THROUGH THIS WORKING SCHOLARSHIP PROGRAM

CITY OF GLOUCESTER

Summer Employment Program

B. Education

Name of school presently attending: _____

Name of school attending in the Fall: _____

Circle grade in the Fall: High School (10) (11) (12)
 College (1) (2) (3) (4)

Diplomas/Degrees: _____

List any specialized training, apprenticeship skills and extracurricular activities:

Describe any honors you have received:

C. Employment History

Please list your employment history starting with present or most recent employer.
Include past summer work assignments with the City of Gloucester.

1. Company name & address: _____
 Dates of employment: From: _____ To: _____
 Name of Supervisor: _____ Phone #: _____
 Job Title: _____ Reason for leaving: _____

2. Company name & address: _____
 Dates of employment: From: _____ To: _____
 Name of Supervisor: _____ Phone #: _____
 Job Title: _____ Reason for leaving: _____

3. Company name & address: _____
 Dates of employment: From: _____ To: _____
 Name of Supervisor: _____ Phone #: _____
 Job Title: _____ Reason for leaving: _____

D. MISCELLANEOUS

1. Do you possess a currently valid MA Driver's License ? Y or N
2. MA License #: _____ Standard () Automatic ()
3. Date of Birth: _____ (necessary for Child Labor Law compliance)
4. Is there anything about your present physical condition that would prevent you from performing all the duties required when working outdoors? Please explain:

CITY OF GLOUCESTER

Summer Employment Program

5. Is there anything about your present physical condition that would limit or prevent you from performing heavy labor, i.e., lifting 50 lbs? Please explain:

6. List 3 references (preferably work-related) with phone numbers:

a. _____

b. _____

c. _____

7. Please write a brief summary of what you consider to be your strengths and weaknesses relating to the position you are applying for:

E. CERTIFICATION

I certify that answers given are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of information provided in this application or interview may result in disqualification or discharge. If hired, I agree to abide by all rules and regulations of the employer, the City of Gloucester, as a condition of my continued employment

Applicant's Signature _____ Date _____

CITY OF GLOUCESTER Summer Employment Program

FOR BEACH & RESCUE

Name: _____

Applicant must indicate current certifications held (mark with X) and attach copies to this application. If certifications have expired, please indicate estimated renewal date.

Please indicate which position you are applying for:

- HEAD LIFEGUARD (3 years' experience required)
- LIFEGUARD
- BOTH

Certificate	Yes	No	Date Expired	Date of Renewal
Lifeguard	_____	_____	_____	_____
First Aid	_____	_____	_____	_____
CPR	_____	_____	_____	_____
WSI	_____	_____	_____	_____

Please indicate the dates you will be available during the season, including your earliest start date and when you plan to leave at the end of the summer. If you are unavailable during any portion of the summer due to family vacation, athletic camps, summer camps, etc. please indicate the dates you will be unavailable:

START DATE: _____

DEPARTURE DATE: _____

NOT AVAILABLE: _____

REASON: _____

Will you be available to work the two weekends after Labor Day? _____

Please indicate below if you have prior experience guarding:

POSITION	LOCATION	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____

Date _____