



TOWN OF PEMBROKE RECREATION EMPLOYMENT APPLICATION

128 Center St.  
Pembroke, MA 02359  
<https://www.pembrokerec.com>

**The Town of Pembroke is an Affirmative Action / Equal Employment Opportunity Employer**  
All information must be typed or printed in readable writing. Unreadable or incomplete applications will be discarded.

Personal Information

1. Date of Application: \_\_\_\_\_ 2. Position Applying For: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Telephone Number: Home: \_\_\_\_\_  
Last First Middle Area Code / Number

Daytime: \_\_\_\_\_

5. Address: \_\_\_\_\_

Number Street Apartment Number

City/Town State Zip Code

Email address: \_\_\_\_\_

6. Emergency Contact Information:

Name: \_\_\_\_\_ Telephone Number : \_\_\_\_\_

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

Number Street Apartment Number

City/Town State Zip Code

7. If hired, can you provide proof that you are legally authorized to work in the United States?  YES  NO

8. Are you under 18 years of age?  YES  NO If yes, can you furnish a valid employment permit if hired?  YES  NO

9. Have you ever been employed by the Town before?  YES  NO

If yes, when? \_\_\_\_\_ In which department? \_\_\_\_\_

10. Do you have an immediate family member (i.e. spouse, parent, sibling, or child) working for the Town \_\_\_\_\_?

YES  NO

If yes, Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

## Education

**11. List Education**

Name / Location	Course of Study	# of Years Completed	Did you graduate?	Type of Degree(s)
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/Technical			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Do you have any previous camp experience? YES NO	If yes, as a camper or a staff member:	
What age youth do you most prefer to work with (On a scale of 1-3, 1 being your first choice Ages 5-6 years _____ Ages 7-9 years _____ Ages 9-12 years _____)		
Are you currently certified in First Aid?	YES NO	Expiration Date:
Are you currently certified in CPR?	YES NO	Expiration Date:

## Employment History

List present employer first. A resume or supplemental sheet may be included, you may include military service and any verifiable work performed as an intern or volunteer.

14. Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

May we contact this employer?  YES  NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Worked From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

May we contact this employer?  YES  NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Immediate Supervisor's Name and Job Title: \_\_\_\_\_

May we contact this employer?  YES  NO

Describe the work you performed: \_\_\_\_\_

Reason(s) for leaving: \_\_\_\_\_

## References

*If more room is required, an additional sheet may be attached.*

*Please provide professional and/or business references only. Note that references listed in this section will be contacted.*

### 15. Reference #1

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone Home: \_\_\_\_\_

Work: \_\_\_\_\_

### Reference #2

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone Home: \_\_\_\_\_

Work: \_\_\_\_\_

### Reference #3

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Position: \_\_\_\_\_ Telephone Home: \_\_\_\_\_

Work: \_\_\_\_\_

*Counselors are required to possess a current First Aid and CPR Certification while working and must submit to a CORI background check*

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_