

Position Applying For:

(Indicate first & second choice with a number)

Beach Supervisor___ Lifeguard___ Gate Guard___ Laborer___ Truck Driver ___

Ass't Office Clerk ___

***If applying for lifeguard position:**

Do you have Lifeguard Certificates? Yes / No WSI certs? Yes / No What did you score on the 500 swim test? _____
(Verified at time of interview.)

Beach Supervisor/Assistant Beach Supervisor: This part-time position requires management skills in dealing with young adults, a thorough understanding of water safety (lifeguard and CPR/AED certifications required), schedule flexibility with mandatory weekends. This position would require supervising all lifeguards at Dartmouth's three beach facilities from June - September; overseeing daily exercises; and weekly payroll. **A cover letter must accompany the application when applying for this position.**

Lifeguard: Part-time seasonal position. Must be at least 16 years of age. Performs rescue and life saving techniques as required in emergency situations; ensures that the swimming area is kept free of hazards and that proper safety regulations are followed. Applicant must be in good physical shape and have the ability to meet all physical requirements of a certified lifeguard. Must pass a swim test prior to employment. Work requires frequent standing, walking and sitting for long periods. Excellent eyesight and hearing, (well within normal ranges). This position requires CPR/AED for the Professional Rescuer and Lifeguard Training and Community First Aid and Safety, schedule flexibility with mandatory weekends; and light maintenance. It is mandatory that all guards be available to work July 4 as well as the weekend following or prior to July 4, depending which is closer to the holiday. Daily exercises and frequent safety drills are required.

Gate Guard: This part-time seasonal position requires CPR/AED certification, routine inspections of all vehicles entering the gate; selling of day passes; tallying; and turning in of all money collected to Park Foreman. This position requires frequent contact with the general public including common courtesy; contacts involving explaining routine beach rules; properly directing the flow of traffic through the gate area; and opening and closing the gate daily. Ability to carry out instructions and to work independently is required. Light maintenance will be required at times.

Laborer: Part-time seasonal position, must be 16 or older, requires CPR/AED certification. Operates equipment of little complexity for all park projects; hauls gravel, dirt, sand, seaweed, and other materials; load and unloads materials; performs manual labor. Frequent use of lawnmowers and other small tools is required. Work is performed under varying field conditions, with exposure to variable weather conditions. Frequent strenuous physical effort generally required in performing work. Physical ability to lift heavy materials such as sand, stone, and tools.

Truck Driver: Seasonal position, must be 18 years or older, requires CPR/AED certification. Works under the direct supervision of the Superintendent. Position requires a valid Class D Driver's license. Operates a variety of light trucks, operates a small front-end loader/back hoe with various hydraulic attachments, operates lawn mowers and other power and hand tools. Provides direct supervision over a small work crew and performs the duties as the crewmembers. Physical ability to lift heavy materials while working in adverse weather conditions is required. Will help in park and facility maintenance and cleanliness.

Assistant Office Clerk: This part-time seasonal position requires basic computer skills, excellent organizational abilities, and a positive attitude in dealing with town residents. Will be responsible for the selling of park/beach stickers to town residents. May be asked to assist with basic office duties.

Town of Dartmouth
 Park Department
EMPLOYMENT APPLICATION



Please Type or Print Clearly

Date of Application: _____

Last Name	First Name	Middle Name	Nick Name	

Street Number	Street	City	State	Zip Code
()	()	/ /	/ /	/
Home Number	Cell Number	Date of Birth	Social Security Number	
In case of emergency, notify: _____				
Last Name		First Name		
()		()		
Street	City	Telephone Number	Work or Cell Number	

The following are mandatory dates to keep in mind prior to applying:

April 20, 2012	Application deadline	May 12, 2012	Interviews
May 31, 2012	Swim test for all Lifeguards	June 4, 2012	Orientation for all hires

Please take note of the interview date and make arrangements to be available for that entire morning. Applicants will be made aware of the actual time one week prior to the interview.

The Park Board realizes that some applicants are involved in extra-curricular activities that require much of their time. Unfortunately, due to the high number of applicants to be interviewed, anyone who is unable to make their assigned interview appointment or fails to check-in on time for their interview cannot be considered for employment.

Have you previously applied to the Park Department?	YES	NO
If yes, have you previously been employed by the Park Department?	YES	NO
Do you need CPR/AED certification?	YES	NO
If yes, is the certification new or a renewal?	NEW	RENEW

CPR/AED Certification is required for all employees. A class will be scheduled through the Park Department. The instructor fee is usually between \$30-\$35.00.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?	YES	NO
Have you been convicted of a felony within the last seven (7) years?	YES	NO
Do you have a dependable means of transportation to and from work?	YES	NO

EDUCATION

	Name of School	Course of Study	Years Completed	Diploma/ Degree
High School		N/A		
Undergraduate Professional				
Other (Specify)				

Describe any specialized training, skills and extra-curricular activities that you are involved in.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed From To	WORK PERFORMED
Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title Supervisor		
Reason for Leaving	May we contact them? YES NO	

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

SCHEDULING INFORMATION

Date you are available to start work: _____ Date you must end work: _____
 (The Beach Season runs from June 16 – September 3)

If your last day is prior to Labor Day due to school, are you available to work the Labor Day weekend?
 Yes / No Please circle

Please list below the days off you request. Days off include vacations, prior planned events, concerts, etc. The Park Board will allow a maximum of seven days. Anything greater than seven days you are responsible for shift coverage and subject to a written warning.

Please list below the days and times you are available to work. If hired, we will try to fit your schedule to your availability, however we cannot accommodate all of your requests.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Lifeguards and Gate Guards: Beach hours of operation
 Round Hill Sunday - Thursday 9 - 7 p.m.; Friday, Saturday & holidays 9 - 8 p.m.
 Jones Park Sunday - Saturday 9 - 3 p.m.
 Apponagansett Sunday - Saturday 9 - 3 p.m.; concerts 5 – 9 p.m.

Laborers: Monday - Friday 8 – 4 or 7 – 3 p.m.

REFERENCES

(See attached reference sheets for instructions)

Name	Telephone Number	Position
Street	City	Zip Code

Name	Telephone Number	Position
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Street	City	Zip Code

Signature: _____



EMPLOYMENT REQUIREMENT STATEMENT

- Doctors physical required for all employees as well as a drug screen scheduled through the Park Department.
- All hired Applicants will be required to receive CPR/AED certification. Classes will be scheduled through the Park Office.
- Lifeguard employment is subject to passing a surf test.

Applicant hereby certifies that the answers to the following questions are true and correct. I agree if the information is found to be false in any respect including omission of information, I will be subject to immediate dismissal. The applicant understands employer is relying upon applicant’s answers and the answers are made as an inducement to employer to hire applicant. I authorize you to investigate all information in this application. I hereby authorize my former employers to release information pertaining to my work record, habits and performance.

I hereby authorize the Park Board to obtain a background investigative report made by the police, a security or consumer reporting agency with respect to me. In so doing, I release the reporting agency, the Park Board and its agents from any and all liability which may flow from the release of such information.

Should I become an employee of the Park Board, I understand that my employment will be for no definite term, such that I will enjoy the right to terminate my employment at any time, at my convenience, with or without cause or reason. I further understand that the Park Board will have the same right. This status can only be modified if such modification is in writing and signed by both me and the members of the Park Board.

I hereby further acknowledge that I am expected to abide by all Board rules and regulations, written or unwritten, promulgated by the Board or my supervisors, but that such rules and regulations do not create a contract between me and the Board or otherwise restrict the right of either me or the Board to terminate the employment relationship. I understand that these rules and regulations may be subjected to change at any time. I understand and agree any handbook which I may receive will not constitute an employment contract, but will be a statement of the Board’s current policies.

I understand that because of the nature of park operations, the Board reserves the right (except where prohibited by law) to conduct inspections of my person, lockers, bags, (including purses), or parcels brought into or taken out of the parks/beaches. I understand that refusal to submit to a requested inspection may result (except where prohibited by law) in termination of my employment.

I understand that before any offer of employment is finalized, I will be required to submit to a urine drug screen, at a Department selected facility at the Department’s expense. If the test results demonstrate the presence of illegal drugs or non-prescribed controlled substances, I understand that I will not be permitted to commence work for the department, or I will be terminated if I have already commenced work. I voluntarily consent for a designated facility to collect a urine sample from me and to have it tested for the presence of drugs and controlled substances. Further, the testing laboratory is authorized to release the results of the test to the Park Board. The Park Board is authorized to communicate the test results internally as it deems appropriate.

Applicant’s Signature	Date
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Recommendation

**Park Board
400 Slocum Road
Dartmouth, MA 02747**

To the applicant:

Request recommendations from three people who can evaluate your professional performance, competence, plus potential for further growth. Recommendations should be from an educator, *previous employer, and a town resident. Supply the information requested of you below and give this form to the recommender with a standard business envelope in which this form is to be returned to you. You are responsible for submitting the recommendation in its sealed envelope to the Dartmouth Park no later than **April 20, 2012** *Applications will not be considered without three recommendations. Past employees do not need to submit recommendations.* *If you do not have a previous employer, please submit two recommendations from a town resident and one from an educator.

Applicant's name: _____ Position applying for: _____

Applicant's address: _____ Telephone: _____
street apartment
city state zip code

By signing, I agree that the recommendation I am requesting shall be held in confidence by the Park Commissioners, and I hereby waive any rights to examine it:

Applicant's signature: _____ Date: _____

To the recommender:

The person whose name appears above is applying to the Dartmouth Park Board. We would appreciate your giving us the following information in as much detail as possible.

Your name: _____ Title: _____

Address: _____ Telephone: _____
street
city state zip code

1. How long and in what capacity have you known the candidate? _____

2. What do you consider the candidate's most outstanding strengths or characteristics? _____

3. Knowing the candidate as you do, how would you summarize your advice to the Park Board?
___Strongly recommend ___Recommend ___Do not recommend

4. Any additional comments you care to make would be appreciated. Please attach separate sheets if you wish.

Signature: _____ Date: _____

Please return this form to the candidate in the envelope she/he has provided. Seal the envelope and sign it across the flap. The candidate will submit it unopened. Thank you.

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Town of Dartmouth

400 Slocum Road
Dartmouth, MA 02747
Ph# (508) 910-1812 Fax# (508) 910-1885
www.town.dartmouth.ma.us

Park Department

DMPRD
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Timothy J. Lancaster, Superintendent

CORI REQUEST FORM

Dartmouth Park & Recreation Department has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for the Town of Dartmouth, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

Last Name

First Name

Middle Name

Maiden Name or Alias (if applicable)

Place of Birth

Date of Birth: _____

Social Security Number: _____ - _____ - _____
(requested but not required)

Mother's Maiden Name: _____

Current and Former Addresses: _____

Sex: _____ Height: _____ Weight: _____ Eye Color: _____

State Driver's License Number: _____

*The information was verified with the following form of government issued photographic identification: _____

Requested by: _____
Signature of CORI Authorized Employee