CITY OF GLOUCESTER
Summer Employment Program

☐ New Applicant
☐ Rehire

A. General Information

Name:_____Phone: _____
Address: _____City: _____
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?
Dates:
Position(s) held:

Position(s) Applying For (please check):

_____ Office Assistant/Aide
_____ Beach/Park Supervisor*
_____ General Laborer **
_____ Collector
_____ Head Lifeguard**
_____ Lifeguard**
_____ Parking Lot Attendant*

* These positions require light to moderate physical activities.
** These positions require moderate to heavy physical activities, including the ability to lift 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.

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HIRING PREFERENCE MAY BE GIVEN TO SUPPORT ACTIVELY ENROLLED COLLEGE STUDENTS THROUGH THIS WORKING SCHOLARSHIP 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: _____ Location:
   Type of Work:
   Reason for leaving:

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

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

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D. **MISCELLANEOUS**

1. Do you possess a currently valid MA Driver's License ? _____
2. MA License #: Class: _____ Exp. Date: _____

_____

Standard ( ) Automatic ( ) Restrictions:

3. Date of Birth: _____ (necessary for Child Labor Law compliance)

4. Is there anything about your present physical condition that would limit or prevent you from performing all the duties required when working outdoors? Please explain:

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

This application expires on December 31st and must be resubmitted for the next year.

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FOR BEACH & RESCUE/SWIM INSTRUCTORS

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
- ❑ SWIM INSTRUCTOR
- ❑ 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 on the two weekends after Labor Day?_____

Please indicate below if you have prior experience guarding or teaching swimming:

POSITION	LOCATION	DATES