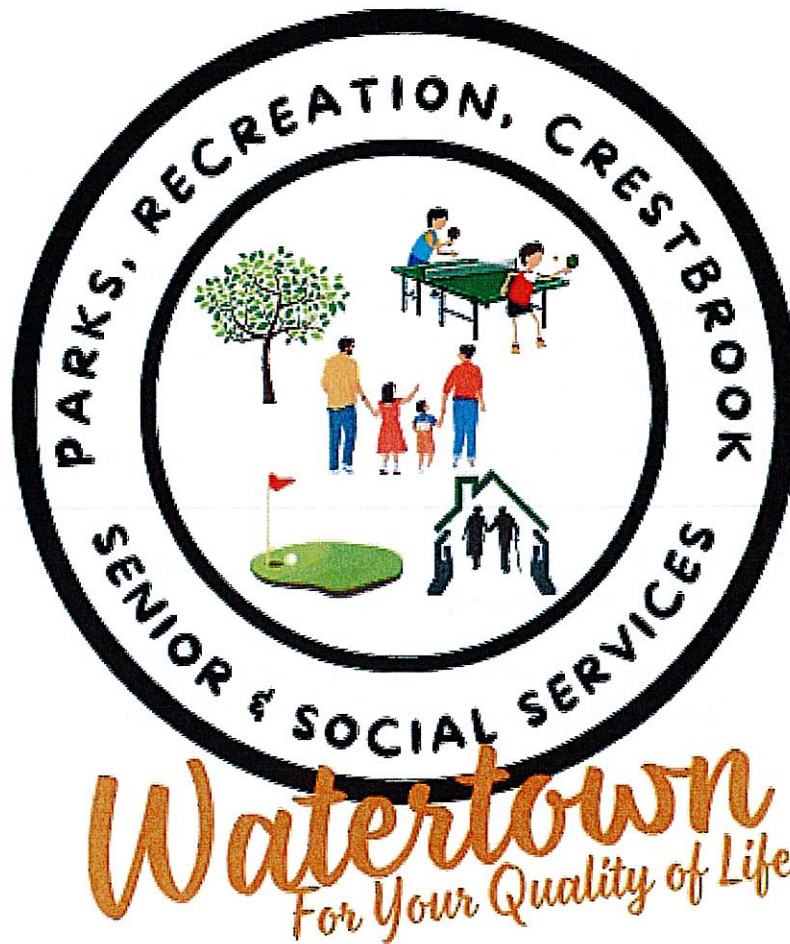


Town of Watertown
Parks & Recreation Department



Deadline for application of employment
for the Summer of 2025
is no later than *April 1, 2025*

Send Seasonal Employment Application to:
Watertown Parks & Recreation Department
61 Echo Lake Road
Watertown, CT 06795



TOWN OF WATERTOWN CONNECTICUT

HUMAN, SOCIAL & LEISURE SERVICES

Recreation • Crestbrook Park GC • Parks • Foodbank • Social & Senior Services

61 Echo Lake Road, Watertown, Connecticut 06795-2629

Main Office (860) 945-5246 FAX (860) 945-4734



Dear Prospective Summer Employee:

Thank you for your interest in the Watertown Parks & Recreation Department employment opportunities. The department strives to provide our community the absolute finest in recreation and leisure services and expects only the best from any prospective candidate.

1. Fill out the application **completely**, including past employment history and all three references used. Include their full name, complete address and telephone number. It's your responsibility to send out the three "Reference Review" to your references to be completed and returned to the Parks & Recreation Department.
2. Applicants must be **16 years** of age by June 1, 2025. Some positions require you to be **18 years** of age.
3. The Town of Watertown Parks & Recreation Department conducts Connecticut State Police Background checks on all perspective applicants.
4. Attach copies of any pertinent additional current certifications you now hold. If hired, you will be required to take and pass certain training pertaining to your position. The training will be offered through this department.
5. The deadline for application of employment for the summer of 2025 is on April 1, 2025.
6. Returned your signed application to:

Watertown Parks & Recreation Department
Seasonal Employment Application
61 Echo Lake Road
Watertown, CT 06795

7. Thank you for your time and consideration in applying with the Watertown Parks & Recreation Department, Sincerely:

Michael Ganem, Director
Carrie Godfrey, Assistant Director
Garry Smith, Aquatics Director/Recreation Supervisor
Ray Marks, Crestbrook Park Foreman
John Buono, Park Foreman



**TOWN OF WATERTOWN
CONNECTICUT
EMPLOYMENT APPLICATION**

WATERTOWN TOWN HALL

61 Echo Lake Road
Watertown, CT 06795

Telephone: 860-945-5255

I. GENERAL INFORMATION

DATE _____

Name _____

Contact Number: _____ Email: _____

If applicant is 17 years or less, Please enter Date of Birth _____

Present Address _____
 (Number) (Street)

 (City) (State) (Zip)

Permanent Address (if different then above) _____

Department or Position Interested in: _____

If your Application is considered favorable, how much notice would you be required to give? _____

Person to reach in case of emergency:

Name _____ Address _____
 Business Phone _____ Home Phone _____

Are you able to perform all the essential duties of the position? _____
 If no, please describe _____

II. RECORD OF EDUCATION

| School: Name &Address of School | | Course of Study | Years Attended 1 2 3 4 + | Did you Graduate? | List Diploma or Degree |
|---------------------------------|--|-----------------|-----------------------------|-------------------|------------------------|
| High School | | | | | |
| College | | | | | |
| Other, Specify | | | | | |
| Other, Specify | | | | | |

Do we have your permission to check your records at the above institutions? Yes___ No___

Drivers License Number _____ Is this a CDL License?___ State Issued_____

Applicant Name: _____

III. EMPLOYMENT RECORD

To be considered for the position you are applying for, all sections should be filled out in their entirety.

| | | | |
|---|---|------------------------------------|---------------------------|
| Current Employer Name and Address | Your Duties and Responsibilities | Employment Start Date Mo/Yr | Reason for Leaving |
| | | | |
| Position Held | | Employment End Date Mo/Yr | Name of Supervisor |
| | | | |
| Previous Employer Name and Address | Your Duties and Responsibilities | Employment Start Date Mo/Yr | Reason for Leaving |
| | | | |
| Position Held | | Employment End Date Mo/Yr | Name of Supervisor |
| | | | |
| Previous Employer Name and Address | Your Duties and Responsibilities | Employment Start Date Mo/Yr | Reason for Leaving |
| | | | |
| Position Held | | Employment End Date Mo/Yr | Name of Supervisor |
| | | | |
| Previous Employer Name and Address | Your Duties and Responsibilities | Employment Start Date Mo/Yr | Reason for Leaving |
| | | | |
| Position Held | | Employment End Date Mo/Yr | Name of Supervisor |
| | | | |

Applicant Name: _____

| Previous Employer Name and Address | Your Duties and Responsibilities | Employment Start Date Mo/Yr | Reason for Leaving |
|------------------------------------|----------------------------------|-----------------------------|--------------------|
| | | | |
| Position Held | | Employment End Date Mo/Yr | Name of Supervisor |
| | | | |
| Previous Employer Name and Address | Your Duties and Responsibilities | Employment Start Date Mo/Yr | Reason for Leaving |
| | | | |
| Position Held | | Employment End Date Mo/Yr | Name of Supervisor |
| | | | |
| Previous Employer Name and Address | Your Duties and Responsibilities | Employment Start Date Mo/Yr | Reason for Leaving |
| | | | |
| Position Held | | Employment End Date Mo/Yr | Name of Supervisor |
| | | | |

MILITARY SERVICE RECORD

Were you in the U.S Armed Services? Yes _____ No _____ If Yes what Branch? _____

Dates of Duty: From _____ To _____
 Month Year Month Year

Rank at discharge: _____

List of duties in service, including special Training _____

Applicant Name: _____

IV. Personal References:

| Name and Occupation | Address | Telephone # |
|---------------------|---------|-------------|
| 1 _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| 3 _____ | _____ | _____ |

V. Typing: (if applicable) Words per minute _____

Are there any other skills, experiences or qualifications that you feel would especially fit you for work with the Town of Watertown?

Have you ever been bonded? _____ If yes, on what jobs? _____

May we contact the employers listed above? _____

If not, indicate by number which one(s) that you do not wish us to contact _____

Do you have any relatives now employed by the Town of Watertown (Including Town Council Members)? _____

If yes, indicate his or her name _____

How related? _____

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements or omissions or misleading statements on this application shall be considered sufficient cause for dismissal. I further give the Town of Watertown permission to check my references, school attendance, job experience, credit, criminal and motor vehicle records.

Signature of Applicant

Date

REV. 7/2020

Applicant Name: _____



Town of Watertown
61 Echo Lake Road
Watertown, CT 06795

NOTICE TO APPLICANTS

The Town of Watertown requires successful completion of a urinalysis drug test as part of its pre-employment screening process.

Additionally, the Town requires successful completion of a urinalysis drug test and/or breath alcohol test if the Town has reasonable suspicion that the employee is under the influence of drugs and/or alcohol, which adversely affects, or could adversely affect the employee's job performance.

The Town also requires employees in occupations that have been designated as safety-sensitive by the Federal Regulations to undergo random urinalysis drug testing at the rate of 50% of the total covered employees. Random alcohol tests will be conducted at the rate of 25% of the total FHWA covered employees only.

Drug tests are conducted for the Town by an outside, professional laboratory. Further details will be provided to applicants who successfully meet the Town's other criteria for employment.

Because we are required to notify applicants of our intent to conduct urinalysis drug testing, we ask that you sign and date this notice.

DATE

SIGNATURE

PRINTED NAME

