



Recreation Department
30 Forest Street
Medford, MA 02155

Part-Time Employee Application

Please note: This application is for part time employees. If you wish to apply for the Lifeguard, Bath house attendant, or Park Instructor position, please contact the Recreation Department for a Seasonal Employment application.

Name _____

Address _____

Home Phone # _____ Cell Phone # _____

Date of Birth _____ Email: _____

Do you Currently work for the City of Medford Yes No

If Yes, will working for the Recreation Department have you work over 40 hours per week?

Yes No

Please list the position(s) you are applying for...

Coach/Instructor Sport(s)/ Activities: _____

Program Supervisor

Hormel or Rink Attendant

Zamboni Driver

Hormel Supervisor

Other: _____



Please list any certifications or license you feel is relevant to the position you are applying for.

| Certification / License | Exp Date | <u>Cert</u> | <u>License</u> | <u>Copy Attached</u> | |
|-----------------------------|----------|--------------------------|--------------------------|----------------------|-----------|
| CPR | | <input type="checkbox"/> | <input type="checkbox"/> | <u>Yes</u> | <u>No</u> |
| First Aid | | <input type="checkbox"/> | <input type="checkbox"/> | <u>Yes</u> | <u>No</u> |
| Lifeguard Training | | <input type="checkbox"/> | <input type="checkbox"/> | <u>Yes</u> | <u>No</u> |
| Waterfront Lifeguard | | <input type="checkbox"/> | <input type="checkbox"/> | <u>Yes</u> | <u>No</u> |
| Other: | | <input type="checkbox"/> | <input type="checkbox"/> | <u>Yes</u> | <u>No</u> |
| Other: | | <input type="checkbox"/> | <input type="checkbox"/> | <u>Yes</u> | <u>No</u> |
| Other | | <input type="checkbox"/> | <input type="checkbox"/> | <u>Yes</u> | <u>No</u> |

Please list any other experiences, skills, sports, hobbies or other qualities you feel will help serve you in the position(s) you selected...

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Please List Three References:

| <i>Name</i> | <i>Relationship</i> | <i>Email</i> | <i>Phone</i> |
|-------------|---------------------|--------------|--------------|
| | | | |
| | | | |
| | | | |

Availability:

Start Date: _____

End Date: _____

| Day | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|------|--------|---------|-----------|----------|--------|----------|--------|
| Time | | | | | | | |

Signature

Date

Please Submit this application to the Recreation Director at kbailey@medford-ma.gov or please mail to Medford City Hall, 85 George P. Hassett Drive, Medford, MA 02155 with attention to the Recreation Department