

Camp Positions: K-4th Gr. Camp Director, 5th-8th Gr. Camp Director, Assistant Camp Director/Special Needs Coordinator, Head Leader, Recreation Leaders, Special Needs Para Professional and Special Needs Counselors.

Pool Positions: Aquatics/Facility Director, Asst.
Aquatics/Facility Director, Head Lifeguards,
Lifeguards, Water Safety Instructors, Swim Team
Coach, Assistant Swim Team Coach and Gate
Attendants.

Applications can be downloaded at www.avonrec.com and dropped in our drop box or mailed to Avon Recreation Dept., 60 West Main Street, Avon, CT 06001

Applications close April 23, 2021

EOE/ADA/M/F







Avon Recreation and Parks Department 60 West Main Street, Avon, CT 06001

www.avonct.gov; Phone: 860 409-4332; Fax 860 409-4334; email: shenry@avonct.gov

CONDITIONS OF EMPLOYMENT

These are Avon Recreation and Parks Department conditions of employment including deadlines, mandatory trainings and schedules that you must understand and agree to on the 2021 Summer Employment Form.

The deadline for returning staff paperwork is March 12, 2021.

• The paperwork must include copies of all supporting documents and certifications required by law or as required for the position. Contact the Department with any changes in personal information, bank accounts, or tax deductions, as new forms will be required. Recertification is the employee's obligation, not the Town's. No response indicates you do not intend to work for the Department this summer. Returning staff may be asked to reinterview for their position or interview for new positions. All interviews are anticipated to be completed by May 7, 2021.

The deadline for new hire applications is April 23, 2021.

- All lifeguard applicants are required to have current Red Cross Lifeguard Training certification, CPR for the
 Professional Rescuer and Standard First Aid Certification. Documentation of certifications must be provided
 with your 2021 Summer Staff Employment Form. May 28, 2021 is the deadline for WSI's to have their
 certifications updated to be able to continue to teach swim lessons.
- All camp staff applicants are required to have current American Red Cross Standard First Aid; Community CPR Certifications and Epi-Pen training. All new applicants will be pre-screened and may be contacted for an interview. If an interview is to be granted we will contact you by April 28, 2021.

Upon being offered a position with the Department the candidate is responsible to obtain and provide the Department with all necessary working papers, copies of identification, copies of certifications and banking information for direct deposit prior to May 28, 2021.

All Staff must attend a Mandatory Staff Orientation on Monday, June 14, 2021 from 8:30 am – 12:00 pm in the Selectman's Chambers at the Avon Town Hall, 60 West Main Street, Avon. You should arrive by 8:15 a.m. Additional trainings are listed below or may be added at a later date. (Location subject to change).

REQUEST FOR SCHEDULE SWITCHES, DAYS OFF, OR LEAVES OF ABSENCE may be granted during the periods of employment on a limited basis. A Leave of Absence Request Form will have to be completed in advance in order to request any switch or time off. Summer staff may only request up to a max of 5 days for the summer. Swim instructors request for days off must be discussed with the Assistant Aquatics Director. All requests must be submitted directly to and reviewed by the supervisor; and final approval will be made by the Director of Recreation and Parks, or her designated representative. Do not assume that your request will be granted. PLEASE NOTE: Any absence from mandatory training, set up days or break down days will count towards 1 of your max of 5 days that you can request off.

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Pool Staff:

In addition to staff training on June 14, the period of employment for pool staff is Saturday, June 12 – Monday, September 6, 2021. There may be some set up hours available prior to the June 12 date. College students are expected to work up until their return date. Full time guards (including swim team coaches and swim lesson instructors) will have approximately 35-40 hours per week. 1st and 2nd year guards will receive approximately 18-22 hours per week.

There is a mandatory staff meeting for all pool staff on June 12, from 9:00 a.m. – 12:00 noon. The Sycamore Hills pools will be open from Saturday, June 12 – Monday, September 6, 2021. Lifeguards are reminded that the regular schedule includes weekdays, Saturdays, Sundays and Holidays on a rotating basis.

Camp Staff:

In addition to staff training on June 14, the period of employment for all Camp staff will be from June 18 to August 18, 2021. The set up for camp is June 18. All camp staff is required to attend the camp set up day. All day camp programs are planned at a **school to be determined**. The Summer Fun Camp program will be 9:00 a.m. - 3:00 p.m. (with 30 minutes for lunch). This camp will run for eight (8), one (1) week sessions beginning June 21 and ending August 13, 2021. (camp will not be held on July 5). Extended day program coverage for Summer Fun runs 8:00 – 9:00 a.m. and 3:00 – 4:00 p.m. Additional hours may be available with full enrollment. The Adventure Camp program will be 8:45 a.m. – 4:00 p.m. and is an off-site camp, with a different location each day. This camp will run for seven (7), one (1) week sessions beginning June 28 and ending August 13, 2021.

Payroll:

All seasonal staff will be paid on the Town of Avon's payroll and must be enrolled in Direct Deposit. The pay week runs from Sunday at 12:00am until Saturday at 11:59pm. No Employee will work more than 40 hours without permission from the Recreation and Parks Director or her designee. Employees are required to scan in and scan out at the beginning and the ends of their shifts.

Paydays for 2021 are on the following Thursdays:

April 29, 2021	June 24, 2021	August 19, 2021
May 13, 2021	July 8, 2021	September 2, 2021
May 27, 2021	July 22, 2021	September 16, 2021
June 10, 2021	August 5, 2021	

If you have any questions please contact Sharon Henry, Administrative Coordinator at 860-409-4332.

<u>Avon Recreation and Parks Department</u>

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2021 SUMMER STAFF EMPLOYMENT FORM

NAME:
ADDRESS:
HOME PHONE: CELL PHONE:
EMAIL:
New Applicant for 2021 season
Returning staff for 2021 season; Yes, I am returning No, I am not returning
PLEASE CHECK THE POSITION(S) THAT YOU ARE RETURNING TO OR APPLYING FOR:
LIFEGUARD WSI (TEACH) BOTHSWIM COACH ASSIST. SWIM COAC
GATE ATTENDANT Full Time Part TimeCAMP STAFF
i am interested in being considered for a supervisory position at camp should one become available.
I am interested in being considered for a supervisory position at the pool should one become available.
CHECK ALL AND ATTACH COPIES OF ALL CURRENT CERTIFICATIONS (Pool) (Pool) (Pool) (Pool if teaching) LIFEGARD TRAINING CPR/FOR THE PROFESSIONAL RESCUER WATER SAFETY INSTRUCTO
(Camp) (Camp)STANDARD FIRST AIDINFANT / CHILD CPR
LIST ALL CERTIFICATIONS THAT YOU ARE CURRENTLY IN THE PROCESS OF OBTAININGCompletion date:
DATES OF AVAILABILITY: FROM TO
(Lifeguards) (Lifeguards) (Lifeguards and Camp) SWIM/SUIT SIZE : T-SHIRT/SIZE; (PLEASE BE SURE TO COMPLETE SIZE(S) ABOVE)
I have read and understand all of the Conditions of Employment and will comply with the conditions as provided to n
SIGNATURE: DATE:



TOWN OF AVON





This application constitutes a part of the examination process. The Town cannot assume responsibility for the confidentiality of information provided on an employment application. It must be completed in full even if a resume or other supporting documents are attached. Please answer all questions fully and accurately. Applications may be rejected or receive lower ratings because answers are incomplete, vague or evasive. Your statements may be brief, but do not omit important information that may have relevance to the position.

POSITION APPLYING FO	Date:			
Name:				
(Last)	(First)	(Mid	ldle)	
Address:				
(Street)	(Town/City)	(Sta	te) (Z	ip)
Primary Phone:	Seco	ondary Phone:		
Email Address (REQUIRE	D):			
Are you either a U.S. Citize	en or otherwise legally eligible to work	k in the United States?	Yes	No
Are you 18 Years or older?	YesNo	_		
Have you ever filed an App	olication with the Town before? If yes	, provide date:	<u>.</u>	
Can you perform the esser	ntial functions of the job for which you	ı are applying with or v	vithout reasona	able accommodation?
Yes No				
Answer the following ques	tions only if the position your are appl	lying for requires a Dri	ver's License:	
Do you have a valid Driver	's License? Yes No	State O _l	oerator's No	
Do you have a C ommercia	ıl <u>D</u> river's <u>L</u> icense? Yes N	loOperator	's No	
Type of Employment Desir	red: (circle all that are applicable) F	ULL TIME PART T	ME SEASO	NAL TEMPORARY
EDUCATION:				
Name of School Attended	Address	Dates Attended From To	Did you Graduate?	Degree Awarded
High School/GED				
College				
Other				

THE TOWN OF AVON IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON DISCRIMINATION IN EMPLOYMENT ON ANY BASIS PROHIBITED BY LAW.

EMPLOYMENT HISTORY:

In the space provided below, give your employment history beginning with your most recent employer. You must include both the month and year of employment history. List all positions held. Include any applicable military and voluntary positions. If required, attach additional information.

Name of Employer:	L. C. Mariani, C.	Pho	ne:	
Address:				
Name & Title of Supervisor:		May we contact?		
Your Job Title:		Employed:	Full Time	Part Time _
Employed From: To MO/YR				
Name of Employer:		Pr	none:	
Address:				
Name & Title of Supervisor:				
Your Job Title:		Employed:	Full Time	Part Time _
Employed From: To MO/YR MO/YR Duties & Responsibilities:				
Name of Employer:		Pho	one:	
Address:Name & Title of Supervisor:		Ma	v we contact?	·
Your Job Title:				
Employed From: To MO/YR MO/YR Duties & Responsibilities:	Reason for Leaving:			
	A CANADA TO A CANA			
Name of Employer:		Pho	one:	
Address:				
Name & Title of Supervisor:				
Your Job Title:				
Employed From: To	Reason for Leaving:			
Duties & Responsibilities:				

	at least three persons, other than relative provide information about you. Pleas		
Name	Address/Email	Phone	Relationship
·			
· · · · ·			
PECIALIZED TRA	AINING OR SKILLS:		
	p which would reveal a protected statu		
		de	
Complete if applicat	ole, I have the following skills:		
Personal Comp	outer Microsoft Word	Microsoft Excel _	Adobe Outlook
Personal Comp	outer Microsoft Word	Microsoft Excel _	Adobe Outlook
Personal Comp	outer Microsoft Word	Microsoft Excel _	Adobe Outlook
•	outer Microsoft Word tware used:	Microsoft Excel _	Adobe Outlook
Personal Composition Personal	outer Microsoft Word tware used:	idividual to adequately sum	nmarize his/her complete
Personal Composition Personal Composition Personal Computer soft	ware used: RMATION: plication form makes it difficult for an independent of the control of the	idividual to adequately sum	nmarize his/her complete
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Have	you ever been fired or asked to resign from a job? YesNo			
If yes,	, please explain:			
	CERTIFICATION: Please read the following and sign where indicated.			
1.	I certify that there are no misrepresentations, omission or falsifications in the foregoing statements and answers and that the entries made by me are true, complete and correct to the best of my knowledge and belief. I realize that falsification of any information on this application may be grounds for rejection of this application or termination of employment, if the falsification is discovered after employment commenced.			
2.	I understand that failure to follow directions and complete all sections of this application is grounds for immediate dismissal from the recruitment process.			
3.	 I give my consent to the Town to check with personal references, previous employers and educational institutions concerning my past employment and personal history including driving and criminal records. 			
4.	 I release the Town, previous employers and educational institutions from any liability arising from disclosure of information concerning my employment or personal history. 			
5	. The acceptance of this application does not constitute an employment agreement. In the event I am employed by the Town, I agree to comply with all of its orders, rules and regulations.			
6	. Proof of citizenship or employment eligibility in accordance with the Immigration and Reform and Control Act of 1986 will be required at time of appointment.			
7	. The Town reserves the right to conduct pre-employment drug and alcohol testing of all applicants. Applicant will be required to pass a test for drugs and abuse/or alcohol misuse. Failure to pass such test will result in the withdrawal of any offer of employment. Applicants for safety sensitive positions or those requiring CDL's will become participants in the Town's Drug and Alcohol Testing Program.			
8	Unless subject to a collective bargaining agreement or other contract of employment, I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.			
	I hereby acknowledge that I have read the above statements and understand them.			
	Signature Date			
How	did you hear about this position?			
	Referred by Town Employee			
	_ Connecticut Employment Service			
	Community or Professional Organization/Agency (please specify)			
	Other internet advertisement (please specify)			
	Other (please specify)			

Town of Avon, Connecticut Voluntary Affirmative Action Questionnaire

<u>Instructions:</u> Each applicant for employment with the Town of Avon is requested to provide the following information for affirmative action reporting purposes. It will be removed when your application is reviewed and the information you provide will not be considered in the employment process.

1.	1. Position Applied For:				
2.	Sex:	Female	Male		
3.	Race/E	Ethnicity:	Check all that apply.		
			American Indian or Alaska Native		
			Asian		
			Black or African American		
			Hispanic or Latino		
			Native Hawaiian or Other Pacific Islander		
			White		
I certify	y that the	e above ir	nformation is correct. Please print legibly.		
Name:	:			Date:	
Signat	ure:				