



## SUMMER EMPLOYMENT INFORMATION AND APPLICATION 2022

Please read through the employment information and complete the Employment Form and Town application. Applications can be submitted by email, mail, or fax (see header).

Tips for a strong application...

- Be sure that all sections have been filled out / no information is missing!
- Review summer employment and training dates and mark any conflicts you may have on the Employment Form.
- Take advantage of the "Additional Information" section to explain why you would be great! (skills, personality, volunteer or job experience, interest in position)
- Submit application well before the deadline! **(Last day to submit is April, 22<sup>nd</sup>)**

**Department of Avon Recreation and Parks**

60 West Main Street, Avon, CT 06001

[www.avonct.gov](http://www.avonct.gov); Phone: 860 409-4332; Fax: 860 409-4334; email: shenry@avonct.gov

**SEASONAL STAFF  
EMPLOYMENT INFORMATION  
2022**

**Camp New Applicants:**

**The deadline for EARLY applications is March 1<sup>st</sup>.** Early applicants will take priority and will be interviewed before other applicants. The final deadline for all summer applications is April, 22<sup>nd</sup>. All camp staff applicants are required to have an American Red Cross Child and Baby First Aid/CPR/AED Certification. Please review the staff training dates for the position(s) you are applying to and indicate if you have any conflicts with training or camp weeks on the Employment Form. Staff may request a maximum of 5 days off for the season, but time-off requests are not guaranteed.

**CAMP INFORMATION**

**Summer Fun Camp** is for kids entering grades K – 4. Summer Fun will run for 7 weeks, Monday – Friday, from 9am – 3pm and extended-care from 3pm – 4pm. This camp will be held at Thompson Brook School, with trips to the pool Monday - Thursday (weather permitting) and “special entertainment” on Wednesdays and Fridays. We hire both full-time and part-time *Recreation Leaders*, as well as, a full-time *Support Recreation Leader* (assists kids with special needs), for this camp.

**Adventure Camp** is for kids entering grades 5 – 9. Adventure camp will run for 7 weeks, Monday – Friday, from 8:45am – 4:00pm. This camp is a field-trip based camp with a different off-site adventure every day. Pick-up and drop-off take place at Sycamore Hills Recreation Area. We hire full-time *Recreation Leaders* that are 18 years or older for this camp.

**CAMP DATES**

**(Summer Fun Camp & Adventure Camp)**

Session 1: June 27 – July 1

Session 2: July 5 – 8 (No camp July 4)

Session 3: July 11 – 15

Session 4: July 18 – 22

Session 5: July 25 – 29

Session 6: August 1 – 5

Session 7: August 8 – 12

**MANDATORY TRAINING DATES**

**(Summer Fun Camp)**

Saturday, June 4<sup>th</sup>: 9am – 3pm

Wednesday, June 22<sup>nd</sup>: 9am – 3pm

Thursday, June 23<sup>rd</sup>: 9am – 3pm

**(Adventure Camp)**

Saturday, June 4<sup>th</sup>: 9am – 3pm

Tuesday, June 21<sup>st</sup>: 9am – 3pm

Wednesday, June 22<sup>nd</sup>: 9am – 12pm

**\*Trainings are mandatory!** Please indicate on form below if you have a conflict with a training.

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**Pool New Applicants: (including Gate Attendants)**

**The deadline for new applications is April 22<sup>nd</sup>.** Applications must include copies of current required certifications. All pool staff (lifeguards, Water Safety Instructors) are required to have current American Red Cross Life Guard Certifications. Please review the staff training dates and pool schedule for the position(s) you are applying to and indicate if you have any training or pool schedule conflicts on the Employment Form. Staff may request a maximum of 5 days off for the season, but time-off requests are not guaranteed.

**POOL INFORMATION**

Sycamore Hills Pool opens on Saturday, June 11<sup>th</sup> and closes Monday, September 5<sup>th</sup>, 2022. All pool and pool office staffs' regular schedules include weekdays, evenings, weekends, and holidays on a rotating basis as coverage requires. Staff is committing to the full season unless indicated on the Employment Form.

**MANDATORY TRAINING DATES**

**(Pool – Lifeguards, WSIs, Coaches)**

Tuesday, June 7<sup>th</sup>: 6pm – 8pm

Saturday, June 11<sup>th</sup>: 9am – 12pm

**(Pool Office – Gate Attendants)**

Tuesday, June 7<sup>th</sup>: 6-8 pm

**\*Trainings are mandatory!** Please indicate on form below if you have a conflict with a training.

**\*\*PLEASE COMPLETE AND RETURN THE 2022 SUMMER STAFF EMPLOYMENT FORM  
AND THE TOWN OF AVON EMPLOYMENT APPLICATION\*\***

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**2022 SUMMER STAFF EMPLOYMENT FORM**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
[Lifeguards Only] Swim Suit Size: \_\_\_\_\_ Hoodie Size: \_\_\_\_\_

☐ **New Applicant for 2022 Season**

**Please check position(s) that you would like to be considered for:**

**Pool:** ☐ Lifeguard ☐ WSI (Water Safety Instructor) ☐ WSI Assistant  
☐ Swim Team Coach ☐ Assistant Swim Team Coach ☐ Head Guard

**Pool Office:** ☐ Gate Attendant (Part-Time)

**Camp:** ☐ Recreation Leader (Full-Time) ☐ Recreation Leader (Part-Time)  
☐ Support Recreation Leader (Full-Time; Special Needs Support)

**Check and attach copies of all current certifications:**

**Pool:** ☐ American Red Cross Lifeguard Certification ☐ Water Safety Instructor [If teaching]

**Camp:** ☐ American Red Cross Child and Baby First Aid/CPR/AED Certification  
☐ Medication Administration (oral, topical, inhalant)

**List all certifications that you are currently in the process of obtaining:**

\_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

**Dates of Availability:** FROM \_\_\_\_\_ TO \_\_\_\_\_

**Work Conflicts:** Do you plan to take a vacation or have other planned work conflicts this summer?

☐ No conflicts/ I am available all summer ☐ Yes, I will be away these dates: \_\_\_\_\_

**Training Conflicts:** Do you have any conflicts with the training dates listed for your position(s)?

☐ No conflicts/ I am available for all trainings ☐ Yes, I cannot make these training dates: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## TOWN OF AVON



**EMPLOYMENT APPLICATION**  
**60 West Main Street, Building 5, Avon, CT 06001**  
**860-409-4332**  
**avonrec@avonct.gov**

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 FOR:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

(Last)

(First)

(Middle)

**Address:** \_\_\_\_\_

(Street)

(Town/City)

(State)

(Zip)

**Primary Phone:** \_\_\_\_\_ **Secondary Phone:** \_\_\_\_\_

**Email Address (REQUIRED):** \_\_\_\_\_

Are you either a U.S. Citizen or otherwise legally eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 Years or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever filed an Application with the Town before? If yes, provide date: \_\_\_\_\_

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_

Answer the following questions only if the position you are applying for requires a Driver's License:

Do you have a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_ Operator's No. \_\_\_\_\_

Do you have a Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ Operator's No. \_\_\_\_\_

Type of Employment Desired: (circle all that are applicable) FULL TIME PART TIME SEASONAL TEMPORARY

### EDUCATION:

Name of School Attended	Address	Did you Graduate?	Degree Awarded
<u>High School/GED</u>			
<u>College</u>			
<u>Other</u>			

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: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Employed From: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
MO/YR MO/YR

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Employed From: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
MO/YR MO/YR

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Employed From: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
MO/YR MO/YR

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_ May we contact? \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Employed: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Employed From: \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

Give the names of at least three persons, other than relatives, who are familiar with your character, job qualifications and work performance to provide information about you. Please provide complete address and phone number of reference.

Name	Address/Email	Phone	Relationship

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**SPECIALIZED TRAINING OR SKILLS:**

List any specific qualifications or experience which you feel may qualify you for the position for which you are applying (include licenses, certifications, areas of research, professional memberships, seminars and special awards). You may exclude membership which would reveal a protected status.

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Complete if applicable, I have the following skills:

\_\_\_ Personal Computer    \_\_\_ *Microsoft Word*    \_\_\_ *Microsoft Excel*    \_\_\_ *Adobe*    \_\_\_ *Outlook*

Other computer software used: \_\_\_\_\_  
\_\_\_\_\_

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**ADDITIONAL INFORMATION:**

Occasionally, an application form makes it difficult for an individual to adequately summarize his/her complete background. To help us better evaluate your qualifications for a Town position, use the space below to provide any additional information to describe your full qualifications.

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Have you ever been fired or asked to resign from a job? Yes \_\_\_\_\_ No \_\_\_\_\_

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?**

\_\_\_\_\_ Town of Avon Website

\_\_\_\_\_ 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

**Instructions:** 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. Position Applied For: \_\_\_\_\_

2. Sex:     Female                      Male

3. Race/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 \_\_\_\_\_

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I certify that the above information is correct. Please print legibly.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_