



NORFOLK RECREATION DEPARTMENT

Equal opportunity /Affirmative Action Employer

2025 Seasonal Employment Application (min. 16 yrs. by June 15, 2025)

This application is to be filled out and submitted by the/applicant only. PLEASE PRINT NEATLY.

NAME: _____ **Date:** _____

Age & birthdate (if younger than 18): _____ **Cell:** _____

Email Address: _____ **Do you check email regularly?** _____

Address: Number, Street, Town, Zip Code: _____

POSITION you're applying for: _____

Did someone refer you to this position? _____ **If yes, who?** _____

EDUCATION: If you currently attend school, what year are you in now? _____

Name of current school or last school attended: _____

School interests, clubs, and/or college major: _____

EMPLOYMENT or VOLUNTEER HISTORY: List a person you have worked for in the past, paid or unpaid:

Name: _____ **email and/or phone:** _____ **Job:** _____

REFERENCES: Please provide 1-2 additional references:

Name: _____ **Email & phone:** _____ **Relationship?** _____

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ADDITIONAL INFORMATION: Please let us know if you prefer to work with a particular age group and any experience you have with this age group. Do you prefer to work inside or outside? Tell us about your favorite activities, sports, or special talents...which could be anything such juggling, drones, crafts, art, trivia, archery, disc golf, etc. Please use the back of page if necessary:

Are you CPR/ First Aid Certified? _____ **If yes, course name & dates:** _____

If not, are you willing to either take the course we offer or take a course on your own? _____

AVAILABILITY: Being available to work all the days a program is scheduled, including trainings and orientation, is important and your availability to attend is considered in the application process. Programs run Monday-Thursday or Monday-Friday. Rarely, but occasionally, a weekend date is required.

LIST ANY & ALL DATE(S) from **June 15-August 16, 2025** that you cannot work. *If you can work ALL the dates, please write 'ALL' below. Other than the dates you list below, only school related absences (i.e. college orientation) are acceptable. Please do not schedule doctor's appointments during working time:*

SIGNATURE: *Signing below indicates you agree with the following statements. Read carefully.*

- I understand the acceptance of this application by the Town of Norfolk does not imply I will be employed.
- The information I have provided is true and complete. I understand that if it is not, it is justification for refusal of employment or can be justification for termination from employment, if employed.
- I understand that the Town of Norfolk is an at-will employer. If employed for a seasonal program, as such, I understand that my employment is temporary and ceases at the end of that season annually.
- I hereby authorize the Town to conduct a CORI/SORI check as a condition of applying for a position with the Town.
- I understand that if I am under the age of 18 and I am offered a job, it is my responsibility to apply for and obtain a Massachusetts Work Permit and to return it to Norfolk Recreation prior to the first day of employment.
- I understand all appointments are probationary and that I must demonstrate my fitness for continued employment.

Signature: _____ **Date:** _____