Town of Carlisle

Recreation Department
Phone: 978-369-9815 Fax: 978-371-6686 E-Mail: hmansfield@carlislema.gov

Carlisle MA 01741 66 Westford St.

<u>JOB APPLICATION – SUMMER 2019</u> (In order to qualify for employment you must be at least 14 years of age and have working papers)

Name_				E-Mail				
Addres	ss			Town			zip	
Home#	ŧ	Cell#		DOB		SS #		
Emerge	ency Contact: _				Phone			
•		er Fun Program v h August 2, 2019			Carlisle Pub	olic Schoo	ol	
•	Mandatory Set Paid days.	Up Day: Friday,	June 21. Additi	onal days may	be added as	needed.	All set up days are	•
•	Mandatory part	ticipation in CPR	/First Aid Progr	am – Date TBD	(If you are	not alrea	dy certified)	
•	Will you be availf NO, please s			-			Class?	
•	o In what	previously emplorated capacity?						
	Week 1: June	24-28	Week 2: July 1-3 (3 Days)			Week 3 : July 8-12		
	Week 4: July	15-19	Week 5:	July 22-26		Week 6:	July 29-August 2	
•	Additional wee	ks available to S	ubstitute – pleas	e circle.				
	June 24	July 1	July 8	July 15	July 23	Ju	ly 29	
•	Are you availal	ole to work befor	e camp? (Early l	Drop Off: 8:15	to 9:00 am)	Yes	No	
•	Is certif(Recreation will o		and CPR refresher o	Please attach al	l current cei	tificates	with application. employees – if classes	s hav
•	Are you willing Number of hou	-	nmunity Service	-	of the time?	Yes	No	

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