

# Memorandum

To: Wellfleet Summer Recreational Staff Applicants 2008

From: Becky Rosenberg, Wellfleet Recreation Director

Date: 1/24/08

Re: Summer 2008 Job Applications

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To: All Summer Applicants for the Wellfleet Recreation Department:

I hope this memo finds you healthy and enjoying the beginning of 2008. Here in Wellfleet we are planning for a fun and eventful summer of 2008.

I will need the following paperwork filled out by everyone who wants to work for the Recreation Department this summer, including those of you who have worked for the Department before:

1. Updated Job Application (Enclosed)
2. Updated criminal offender record information (CORI) Form. (Enclosed)
3. Updated immunization records. (Obtain from school or family physician)
4. Valid working papers for all applicants 18 and under.
5. Birth Certificate (All applicants must be at least 16 years of age)

**All applicants, including those who worked for the department before, will be required to meet with me for an interview before being hired.**

Please return all paper work to the Recreation Department as soon as possible to the following address:

Becky Rosenberg, Director  
Wellfleet Recreation Department  
300 Main Street  
Wellfleet, Ma 02667

If you have any questions please don't hesitate to call me at (508) 349-0330 ext. 116, or E-Mail me at [Recbeck@townofwellfleet.Org](mailto:Recbeck@townofwellfleet.Org).

Thank you,

Becky Rosenberg  
Wellfleet Recreation Director

# EMPLOYMENT APPLICATION

Town of Wellfleet

Recreation Department

300 Main Street

Wellfleet, Ma 02667

(508) 349-0330 ext. 116

~ NEW APPLICANT

~ RE-APPLYING TO RETURN

~ AVAILABLE FOR WORK FROM JUNE 27-AUGUST 15, 2008

(Camp Counselors, Swimming Instructors)

~ AVAILABLE FOR WORK FROM JUNE 27-SEPT.1, 2008

(Tennis Monitors and Skateboard Park Monitors)

Position Applied For (1) \_\_\_\_\_, (2) \_\_\_\_\_

(Tennis Monitor, Skateboard Park Monitor Swimming Instructor)

(Please print or type)

NAME

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

SOCIAL SECURITY # \_\_\_\_\_

Male – Female

AGE: \_\_\_\_\_ Current year in school \_\_\_\_\_

HOME ADDRESS:

Home Phone \_\_\_\_\_

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

SCHOOL ADDRESS \_\_\_\_\_ School Phone \_\_\_\_\_

\_\_\_\_\_  
(Street, City, State, Zip)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
(If Known) (Street)

(City, State, Zip) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

EMPLOYMENT EXPERIENCE

Employer \_\_\_\_\_ Date Employed \_\_\_\_\_

Address \_\_\_\_\_

Hourly Rate/Salary

Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

EMPLOYMENT EXPERIENCE

Employer \_\_\_\_\_ Date Employed \_\_\_\_\_

Address \_\_\_\_\_

Hourly Rate/Salary

Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Special Skills and Qualifications needed (CPR & First Aid Preferred) For Swimming Instructors All certifications must be current and copies provided. WSI Preferred)

Experience: Include a separate written page detailing your experience working with children and/or any special skills you may have that would enhance the programs of the Wellfleet Recreation Department.

Personal References- (do not include former employees):

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\_\_\_\_\_  
(Applicant Signature)

\*\*\*Please return to the Wellfleet Recreation Department 2<sup>nd</sup> floor of the Town Hall between the hours of 8AM-4PM Monday –Friday.

Or mail to: Town of Wellfleet Recreation Department 300 Main Street, Wellfleet, MA. 02667

WRITE A ONE PAGE SUMMARY OF YOUR EXPERIENCE WORKING WITH CHILDREN, AND REASONS YOU WOULD LIKE TO BE A SUMMER COUNSELOR.  
(If applying for counselor or swimming instructor position)

WELRC  
172H  
G

TOWN OF WELLFLEET/RECREATION DEPARTMENT  
300 Main Street  
Wellfleet, Massachusetts 02667  
Tel: (508) 349-0330 ext. 116  
Fax: (508) 349-0305

CHAPTER 6, § 172H CORI REQUEST FORM

Wellfleet Recreation Department is requesting all the available criminal offender record information (CORI) and juvenile data on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less to obtain all CORI regarding employees and volunteers prior to accepting any person as an employee or volunteer.

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APPLICANT/ EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LASTNAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:  
(Requested but not required)

- -

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ SIGNATURE  
OF CORI AUTHORIZED EMPLOYEE