



BARRINGTON RECREATION STAFF APPLICATION

Barrington Recreation
P.O. Box 660
105 Ramsdell Lane
Barrington, NH 03825
603-664-5224
recreation@barrington.nh.gov

PLEASE COMPLETE APPLICATION IN PEN AND RETURN TO ABOVE ADDRESS

Position applying for: *Program Coordinator / Program Staff / Camp Counselor / other:* _____

Name: _____ **SSN #** _____ **DOB:** _____

Parent(s) Names: *(if under 18)* _____

Current Address: _____

Mailing Address: *(if different than current)* _____

Home Phone: _____ **Cell:** _____ **Email:** _____

Schedule you are seeking/Days off you will need? _____

Please specify the activities that interest you: _____

EDUCATION:

YEARS	SCHOOL	MAJOR SUBJECTS	DEGREE/DIPLOMA

PAST EMPLOYMENT:

DATES	EMPLOYER	ADDRESS/PHONE	POSITION/DUTIES	REASON FOR LEAVING

APPLICABLE EXPERIENCE:

DATES	ORGANIZATION/ADDRESS	POSITION	DUTIES

Have you ever been charged with, arrested for or convicted of a violation of federal, state or local law? _____

If **yes**, please describe circumstances including disposition: _____

CERTIFICATION INFORMATION: *Please list expirations of certifications that you hold*

Adult/Child CPR: _____ Infant CPR: _____ First Aid: _____ AED: _____

Am. Red Cross Life Guard: _____ Waterfront: _____ WSI: _____

COURSES: List any courses taken that would be relevant to this position: _____

Do you hold a valid driver's License? _____ **State and License#:** _____

WHY ARE YOU INTERESTED IN WORKING FOR THE BARRINGTON REC DEPARTMENT?

WHAT QUALITIES DO YOU POSSESS THAT WOULD QUALIFY YOU TO WORK FOR THE REC?

WHAT TALENTS AND/OR INTERESTS DO YOU HAVE THAT APPLY TO THIS POSITION?

_____ Health/Fitness	_____ Singing	_____ Baseball	_____ Volleyball
_____ Arts & Crafts	_____ Woodworking	_____ Basketball	_____ Water play/sports
_____ Cooking	_____ Rocks & Minerals	_____ Canoeing	_____ Other:
_____ Dance	_____ Astronomy	_____ Fishing	_____
_____ Drama	_____ First Aid/Lifesaving	_____ Hiking/Orienteering	_____
_____ Painting/Drawing	_____ Nature Study/Wild Life	_____ Kayaking/Canoeing	_____
_____ Photography	_____ Ropes Course	_____ Soccer	_____
_____ Pottery	_____ Knot tying	_____ Softball	_____
_____ Puppet Theater	_____ Board games	_____ Playground Games	_____

REFERENCES: *List three people other than your family who best know your qualifications for this position.*

NAME	ADDRESS	PHONE

AUTHORIZATION OF RELEASE OF INFORMATION FOR A BACKGROUND CHECK

I, _____, an applicant for employment with the Town of Barrington, hereby authorize education institutions, companies, corporations, persons, city/town, county state and federal law enforcement agencies to release information to the Town of Barrington Recreation Department for purposes of a background investigation. All information relative to my employment or association with said named entities is to be forwarded to the Town of Barrington Recreation Department at their request.

Further more, I hereby certify that all statements made in this application are true and complete. I also understand that untrue, misleading or omitted information, provided herein, may result in dismissal, regardless of the time of the discovery by the Town of Barrington.

A copy of your driver's license with your application is necessary to complete your background check.

Signature of Applicant: _____ **Date:** _____