



**2023**

**SUMMER EMPLOYMENT  
INFORMATION AND APPLICATION**

**~ Aquatics ~**

Please read through the employment information and complete the “employment form” and Town application.

Applications can be submitted by...

- Email: [shenry@avonct.gov](mailto:shenry@avonct.gov)
- Fax: 860-409-4334
- Mail or Drop-off: Avon Recreation and Parks; 60 West Main Street, Avon, CT 06001

Tips for a strong application...

- Be sure that all sections have been filled out and that 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, interest in position).
- Submit your application well before the deadline!

**Last day to submit is April 26<sup>th</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

**POOL INFORMATION**

Sycamore Hills Pool opens on Saturday, June 10<sup>th</sup> and closes Monday, September 4<sup>th</sup>, 2023. All pool and pool office staffs' regular schedules include weekdays, evenings, weekends, and holidays on a rotating basis as coverage requires.

**MANDATORY TRAINING DATES**

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

Saturday, June 3<sup>rd</sup>: 12pm – 6pm (Rain Date June 4<sup>th</sup>)

Thursday, June 8<sup>th</sup>: 5pm – 7pm

**(Pool Office – Gate Attendants)**

Date and time to be determined

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**SEASONAL EMPLOYMENT FORM  
AQUATICS 2023**

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

**Please check the 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)

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

☐ American Red Cross Lifeguard Certification      ☐ Water Safety Instructor

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

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

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

☐ No conflicts / I am available for all of the trainings

☐ Yes, I cannot make these training dates: \_\_\_\_\_

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**Work Conflicts:** Please mark any vacations or known conflict days that you will need off this summer in the calendar below with an "X". If your conflict only involves a portion of the day, please list the time range you are not available for (Ex. "after 4 pm"). Any days left blank are assumed available and you may be scheduled if hired. Requests not indicated on this form can be made later but are not guaranteed.

**WORK CONFLICTS**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1 Jul
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1 Aug	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1 Sep	2
3	4					

PDF Calendar by [www.pdfcalendar.com](http://www.pdfcalendar.com)

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: \_\_\_\_\_

\_\_\_\_\_

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

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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

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