



TOWN OF WEST HARTFORD  
LEISURE SERVICES  
ELMWOOD COMMUNITY CENTER  
1106 New Britain Avenue, West Hartford, 06110  
Main Office (860)561-8160      Special Needs Program Office (860)561-8173

**SPECIAL NEEDS PROGRAM - APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT**

DATE: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ College Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-Mail Address Home: \_\_\_\_\_ E-Mail Address School: \_\_\_\_\_

**Education:**

Name	Address	City	State	Major	Current Year	Degree Received
High School						
College						
Graduate Work						

**ACTIVITIES:**

Briefly describe work, student teaching, academic preparation, or volunteer experience(s) with individuals with special needs. Be as specific as possible; use reverse if necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List sports, extra-curricular activities, clubs, interests: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you a swimmer? \_\_\_\_ yes \_\_\_\_ no *\*NOTE: As a condition of employment you are required to be a swimmer and to be in a pool daily.*

Can you ice skate? \_\_\_\_ yes \_\_\_\_ no

Please list any talents/hobbies and/or interests you might be willing to share:

\_\_\_\_\_  
\_\_\_\_\_

**AWARDS**

List any scholastic honors, employment awards, or special recognition(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

Do you currently work, or have you worked in the past, for the West Hartford Board of Education? \_\_\_yes \_\_\_no

In what capacity? \_\_\_\_\_

Are you working for the BOE Summer School Program for children with special needs? \_\_\_yes \_\_\_no

Immediate Supervisor's name and phone #: \_\_\_\_\_

1. Present Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

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

2. Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position: \_\_\_\_\_ Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

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

Have you ever been fired from a job? Yes  No  If yes, please explain \_\_\_\_\_

Have you been previously employed by West Hartford Human and Leisure Services? Yes \_\_\_ No \_\_\_

Date(s) \_\_\_\_\_

If yes, in what capacity? \_\_\_\_\_

Professional or academic affiliations (please detail): \_\_\_\_\_

\*Please list references we have your permission to contact:

Name	Address	Phone #	relationship
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Name	Address	Phone #	relationship
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Name	Address	Phone #	relationship
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**PLEASE ATTACH A RESUME, WHEN AVAILABLE, TO SUPPLEMENT THIS APPLICATION.**

**ABILITIES:**

**CERTIFICATION:**

**EXPIRATION DATE**

Lifeguard Training	Yes____No____	_____
Red Cross Water Safety Instructor	Yes____No____	_____
Red Cross CPR/BLS Certificate or Equivalent?	Yes____No____	_____
Red Cross First-Aid Certificate or Equivalent?	Yes____No____	_____
Epi-pen Training and certification	Yes____No____	_____

**List any special skills or training not indicated above: \_\_**

\_\_\_\_\_

**Describe any supervisory experience(s) you have had or leadership position(s) held:**

\_\_\_\_\_  
\_\_\_\_\_

For what reason(s) are you applying for work with the Special Needs Program? (Use reverse if needed)

\_\_\_\_\_  
\_\_\_\_\_

What are the benefits to be gained for you personally or for the individuals with whom you will work? (Use reverse if needed)

\_\_\_\_\_  
\_\_\_\_\_

Use this space for any additional comments or pertinent information you wish to add. (Use reverse if needed)

\_\_\_\_\_  
\_\_\_\_\_

Camp times can vary including full-day (8:30 – 4:30), half-day mornings (8:30 – 12:30) or half-day afternoons (12:30 – 4:30). Please indicate availability.

\_\_\_\_\_  
\_\_\_\_\_

Please check below if applicable:

\_\_\_\_\_ I am available for summer employment only (no benefits, part-time).

\_\_\_\_\_ I would be interested in year-round, part-time employment (no benefits) with the Special Needs Program.

**I am available for an interview after: \_\_\_\_\_**

**I hereby certify the above information is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If hired by the Department Of Human and Leisure Services for summer employment in the Special Needs Program, I UNDERSTAND THAT I AM COMMITTING TO WORKING A MINIMUM OF 6 WEEKS OF THE CAMP SEASON, Monday – Friday, for designated camp hours.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date