

TOWN OF LEWISBORO

Parks & Recreation Department

Please submit all applications via email to: recreation4@lewisborony.gov

Application for appointment as (choose one): _____

Basic Information

First & Last Name: _____ Date of Birth: _____

Address: _____

Cell: _____ Email: _____

Education

	Name of School	Current Grade	Year of Graduation
High School			
College			

Relevant Employment & Experience

Name of Employer	Dates From/To	Title/Duties	Reason for Leaving

Skills

Please list at least 3 skills you possess that relate to the job for which you are applying:

1. _____
2. _____
3. _____

Certifications

Please list any relevant certifications you hold or will hold by this summer (babysitting, CPR, first aid, lifeguarding, WSI, etc.):

Type of Certification	Date Completed/ Will Complete	Provider of Certification

References

All camp staff (including camp lifeguards) **must** have 2 references. Please download the Lewisboro reference form on our website: www.lewisbororecreation.com/employment and have them filled out & sent in with your application.

☐ Check this box to acknowledge our reference policy

I, the undersigned, attest that the answers to the questions above are true and correct to the best of my knowledge and belief and I fully understand that any willful misstatement of material facts may lead to disqualifications from work for the Town of Lewisboro.

Signature: _____

Date: _____

For office use only:

Application received: _____ Reference 1: _____ Reference 2: _____