



ACCEPTING APPLICATIONS FOR EMPLOYMENT!



JOIN OUR TEAM!

After School Program Positions

- Supervisory level
- Group leader

Pay Range

\$12.00 - \$17.00

After school programs run October 2020 thru May 2021 at elementary school and middle school sites.

Candidates must be available Monday - Friday between 2:00pm - 6:00pm.

Application must include: City of New Britain application, supplemental questions and a letter of recommendation. Please submit application to the New Britain Parks and Recreation Office, 27 West Main Street, New Britain, CT 06051.

APPLY TODAY!

For more information call (860) 826-3360
or visit www.nbparksnrec.org

City of New Britain
 Affirmative Action/Equal Employment Opportunity/Equal Access Employer
APPLICATION FOR EMPLOYMENT
 27 West Main Street, New Britain, CT 06051
 (860) 826-3404
 www.newbritainct.gov



(Print information in ink, or type)

Office Use Only

1. Job Applying For		Q _____ V	_____ DV
(use title on job announcement)	(exam no.)		
2. Your Name		Edu _____	Rev. by: _____
(print)	Last Name		
3. Address		Exp. _____	Other _____
(Number and Street, Road or Post Office Box)			
City _____ State _____ Zip Code _____		Score _____	Rank _____
4. Email Address			
5. Are you over age 18? Yes _____ No _____	6. Have you ever served in the U.S. Armed Forces during periods of conflict? Yes _____ No _____	7. Telephone Number () -	

8. Education

A. Did you graduate from high school? _____ Where? _____

Yes	No	Month	Year	If "No", highest grade completed

B. If you have a high school equivalency certificate, give year and place the certificate was granted:

Year	Place

C. List any colleges, business schools, or technical school you attended:

Name of School	Location	Course or Major	Dates Attended	Degree

D. Other training (special courses, work training programs, armed forces training). Give name and location where training was given, dates attended, subject of training, and other details related to the job for which you are applying.

NOTE: Applications are kept on file for three (3) months from date of receipt unless otherwise noted.

9. EXPERIENCE: Start with your present or last job and work backwards listing all paid or unpaid, full or part-time work, military service, and summer jobs performed during the last 10 years. Use additional sheets of paper if necessary. Work performed more than 10 years ago may be given if it applies to the job for which you are applying.

May we contact your present employer? _____ Yes _____ No

1) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
Your duties:		
2) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
Your duties:		
3) Starting Date Month/Year	Ending Date Month/Year	Name and Address of Employer
Your Job Title:	Hours per week	Name, title and telephone number of your Supervisor
Reason for leaving:		
Your duties:		

10. References: List the name, address and telephone number of three persons with knowledge of your character, experience and ability. Do not list relatives. Use professional, not personal, references. (Current and former employers, teachers/professors, etc.)

Name _____ Address _____ Tel. _____

Name _____ Address _____ Tel. _____

Name _____ Address _____ Tel. _____

11. Special Skills and Abilities. Show licenses, (including drivers); machines you operate; languages other than English which you speak, read and write well; typing and shorthand speeds, computer skills, and any other special abilities or knowledges relating to the job for which you are applying.

12. CERTIFICATION: I certify that all statements made on or in connection with this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false, or inaccurate information may result in the rejection of this application and that false information may result in my dismissal if employed. I understand that I will be required to pass a medical examination and background check as a condition of appointment. As part of the medical examination process, I may be required to undergo a drug screen. The signing of this application will serve as consent to the drug screen examination.

Date

Signature of Applicant



CITY OF NEW BRITAIN

DEPARTMENT OF PARKS, RECREATION,
AND COMMUNITY SERVICES

EST. 1871

WWW.NEWBRITAINCT.GOV

After School Program NEW Staff Supplemental Questions

Name: _____ Date: _____

Please answer the following questions to the best of your ability:

1. What have you learned about yourself during the Covid-19 pandemic?

2. Have you learned any new skills during this pandemic that you could apply to the after school program?

3. We plan to offer an on-site/in-person program while school buildings are open. If school buildings close and go to remote learning, we plan to offer a virtual after school program. Please answer the following questions:

- Can you work on-site, Monday through Friday from 2:15pm – 6:00pm? Yes No

- Can you work remotely, Monday through Friday from 2:15pm – 6:00pm? Yes No

- Do you have accessibility to a stable wifi connection for virtual after school programming? Yes No

- Do you have experience working with Google Classroom and Google Hangouts? Yes No

- Are you comfortable facilitating a group of 10 kids on a virtual platform? Yes No

4. Employment is not guaranteed. Tell us why you should be hired.

5. Are you available to work October 2020-May 2021? _____ Monday – Friday _____ 2:15-6:00pm _____