New Britain Parks, Recreation and Community Services Department



# AFTER SCHOOL PROGRAM STAFF

## Site Supervisor • Wellness Manager • Group Leader

**DAILY RESPONSIBILITIES:** group management, planning and leading enrichment & recreational activities, homework assistance, and building meaningful relationships.

AVAILABILITY: Monday - Friday between 2:30pm - 6:30pm is preferred.

PAY RANGE: \$13.00 - \$17.00



### **APPLICATION MUST INCLUDE:**

- City of New Britain application
- Supplemental questions
- Letter of recommendation

Please submit completed applications to the New Britain Parks and Recreation Office, 27 West Main Street, New Britain, CT 06051.

Get your application in early!

After school programs run September 2021 thru May 2022 at 12 of the city's elementary and middle schools.

For more information and applications 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



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

#### 8. Education

A. Did you graduate from high school?

Yes	No	Name of School	If "No", highest grade completed

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

Name of School	Location

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

Name of School	Location	Course or Major	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 no	ted.
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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 pre	esent 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:	I	
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:	I	
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:	I	
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.

Signature of Applicant



### CITY OF NEW BRITAIN

DEPARTMENT OF PARKS, RECREATION,

EST. 1871

AND COMMUNITY SERVICES

WWW.NEWBRITAINCT.GOV

#### After School Program NEW Candidates Supplemental Questions

Name:	Date:	

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

1. What experiences do you have with youth?

2. After School Programs are designed to be a fun learning opportunity for youth. In what ways can you make learning fun at the after school program?

3. What hobbies, special interests or talents do you have that you think might be useful in the program?

- 4. Do you have a role model? Who is it and why?
- 5. What have you done in the past that demonstrates your ability to work in a team?

6. Are you available to work September 2021-May 2022? \_\_\_\_\_ Monday – Friday \_\_\_\_\_ 2:30-6:30pm \_\_\_\_\_