

TOWN OF SULLIVAN PARKS & RECREATION DEPARTMENT
2026 PLAYGROUND/MAINTENANCE SEASONAL EMPLOYMENT APPLICATION

JOB PREFERENCE:

PLAYGROUND PROGRAM

(6/29 – 8/6, M/W at Sullivan, Tu/Th at Chapman)

_____ Playground Coordinator (21 & over)

_____ Assistant Coordinator (18 & over)

_____ Sports Coordinator

_____ Arts & Crafts Coordinator

_____ Recreation Aide

_____ Pre-School Rec. Aide (M/W at Chapman, Tu/Th at Sullivan)

_____ Pre-School Coordinator (18 & over)

_____ C.I.T (Counselor in training) ages 14 – Volunteer Position

MAINTENANCE

(Mid-May to Mid-August)

_____ Park Laborer

_____ Weekend Maintenance, Park Opening & Closing

PERSONAL INFORMATION

Name: _____

Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____ T-Shirt Size: _____

Playground staff, you'll get 2 shirts. Do you want: **2 cotton shirts** **2 dri-fit shirts** **1 of each type of shirt**

Circle your choice above

AVAILABILITY. Indicate your availability for the position applying for. Give a Start and End date, as well as all dates that are needed off. It is important to include ALL dates. If hired, additional dates may not be granted in order to keep program/parks properly staffed.

PLAYGROUND APPLICANTS: ****Due to this being a 6-week program, applicants may not be hired if days off are requested, as we need to have a full staff to provide a well supervised program****

Date Available to Start: _____ End Date: _____

Requested Dates Off: _____

Playground Park Preferred: **Chapman / Sullivan** Would you be interested in working both parks? **Yes / No**

Circle your choices above

EDUCATION

High School Attended: _____

Graduation Date: _____

College/Trade School Attended: _____

Graduation Date: _____

Major/Trade: _____

EXPERIENCE. List former jobs held, starting with the most recent.

1. Employer: _____

Job Title: _____

Dates Employed (Start to End): _____

Job Responsibilities: _____

Reason for Leaving: _____

2. Employer: _____ Job Title: _____
 Dates Employed (Start to End): _____
 Job Responsibilities: _____
 Reason for Leaving: _____
3. Employer: _____ Job Title: _____
 Dates Employed (Start to End): _____
 Job Responsibilities: _____
 Reason for Leaving: _____

CERTIFICATIONS. First Aid, CPR or other similar certifications in which you are CURRENT. Provide expiration date.

REFERENCES. List three (3) references, along with their phone numbers, who can attest to your work/volunteer experience and character. Do not list relatives.

1. _____
 2. _____
 3. _____

Explain why you are applying for a position with this department. Detail what you have to offer and what you expect to gain from the experience.

SIGNATURE: _____ **DATE:** _____

COLLEGE STUDENTS

Please list below the dates you will be home and are available to interview.

Dates: _____