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

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



(Print information in in 1. Job Applying For	k, or type)		· T	Office L	Jse Only
i oos rippiying roi	•			Q	· V
use title on job announcement)	· (e	xam no.)		NQ NQ	v
. Your Name					Dv
				Edu	Rev. by:
print) Last Name	First	Middle		Exp.	rtev. by.
. Address		, , , , , , , , , , , , , , , , , , , 		Δλρ.	
				Other	
(Number and Street, Road or Post Office	ce Box)			Other	
				Score	Rank
City					
I. Have you ever served in the U.S	6. Armed Forces during periods	of conflict? Yes	5	. Telephone Number	(with area code)
No			[()	-
5. Are you over age 18?	7. Email Ac	Idress			
	Yes No				
3. Education					
A. Did you graduate from high scho	ool? Where?	a ky			
	If "No", high		B. If you have	a high school equiv	alency certificate,
Yes No Mon		est grade	give year and	place the certificate	was granted:
		.,			
			Yea	ar	Place
	•				
C. List any colleges, business scho	ools, or technical school you atte	ended:			
Name of School	Location	Course or Major	Dates At	tended	Degree
			Batcortt	teriaca	Degree
		ů.			
D. Other training (special courses,	work training programs, armed	forces training). Give name	and location whe	ere training was give	en,
dates attended, subject of train					

) Starting Date fonth/Year	ent employer?Yes	No	
	Ending Date Month/Year	Name and Address of Employer	
our Job Title:	Hours per week	Name, title and telephone number of your Supervisor	
eason for leaving:	14.924 × 4	THE RESIDENCE OF THE PARTY OF T	
our duties:	~		
Starting Date	Ending Date Month/Year	Name and Address of Employer	
our Job Title:		Name, title and telephone number of your Supervisor	
eason for leaving:			
our duties:			
	In the Date	Name and Address of Employer	
Starting Date onth/Year	Ending Date Month/Year	Name and Address of Employer	
our Job Title:	Hours per week	Name, title and telephone number of your Supervisor	
eason for leaving:			
bility. Do not list relatives. U	Jse professional, not personal, referer	three persons with knowledge of your character, experience and noes. (Current and former employers, teachers/professors, etc.)	
	Address	Tel	
Name			
	Address	Tel	
Name			
Name	Addresss. Show licenses, (including drivers); ping and shorthand speeds, computer		<u>-</u>
Name	AddressAddressAddress	TelTel	<u>-</u>
Name	AddressAddressAddress	machines you operate; languages other than English which you r skills, and any other special abilities or knowledges relating to the onnection with this application are true, complete, and correct to the derstand that incomplete, false, or inaccurate information may result sult in my dismissal if employed. I understand that I will be required on of appointment. As part of the medical examination process, I may	_



CITY OF NEW BRITAIN

DEPARTMENT OF PARKS, RECREATION, AND COMMUNITY SERVICES

WWW.NEWBRITAINCT.GOV

2020 Summer Aquatics Supplemental Questions (New Candidates)

	Name:	Date:	
	Directions : New summer applicants must complete all portions of the pact both sides of the application. Once complete, submit application packet and department by Friday, April 17, 2020. Successful applicants will be confollowing questions to the best of your ability:	d letter of recommendation to th	ne parks and recreation
1.	Why did you choose to obtain (or pursuing) your lifeguard certifica	tion?	
2.	Describe your ability to work as part of a team.		
3.	The lessons we take from obstacles we encounter can be fundamentally you faced a challenge, setback, or failure. How did it affect you, and		
4.	Some applicants have a background, identity, interest or talent the would be incomplete without it. If this sounds like you, then please		ieve their application
5.	Are you certified in Red Cross Lifeguard Training?	YES	NO
	Are you certified in Water Safety Instruction?	YES	NO
	Are you available to work June 1-August 21, 2020?	YES	NO

2020 Summer Aquatics Test (New Candidates)

	Name:	_ :	· · · · · · · · · · · · · · · · · · ·	Date:
	Directions:	Tł	ne quest	tions below are multiple choice, there is only one correct answer for each question. Please write
				ne located left of the question.
				time should you arrive to work?
			a)	Scheduled work time.
_			b)	Within five minutes after the scheduled report time.
	•		c)	Fifteen minutes early.
			,	Whenever you get there.
		,		itness a co-worker stealing City property (air pump, speaker, table, etc), what do you do?
		٠.		Report what you saw to your immediate supervisor.
	- Compression -		b)	
				Tell your co-worker that you saw him/her.
			c)	Tell the co-worker who took the item(s) to put them back.
		,		Mind your business and do not say anything.
	`	3.		arks and Recreation Department should be involved in your social media site (such as
			Facebo	ook/Twitter) in the following manner:
			a)	, , , , , , , , , , , , , , , , , , , ,
			b)	Photos of the kids involved in the events that you are working with.
			c)	Status updates throughout the day, play-by-play of your day at work.
			d)	None of the above.
	4	1.	The m	ost important job of a lifeguard is:
			a)	To put on suntan lotion.
			b)	To make sure everyone using the pool is having a good time.
	,		c)	To enforce the rules and ensure the safety of all patrons using the pool and the facilities.
			d)	To call EMS if an emergency occurs.
	5	5.	Lifegua	ards are hired to perform emergency procedures and care for patrons until:
			a)	EMS personnel are called.
			b)	EMS personnel arrive and take over.
			c)	A parent or legal guardian take over and bring the patron/child to the hospital.
			d)	The victim's condition worsens.
	6	5.	During	your shift, you rotate lifeguard stations with other lifeguards to:
			a)	Practice getting up and down in the chair.
			b)	Remain alert
			c).	Avoid being bored.
			d)	Avoid getting sunburn.
	7	' .	You sho	ould immediately summon EMS personnel for:
			a)	A 22 year old who has a fever and vomited twice during the previous night.
	<u> </u>		b)	A 50 year old experiencing knee pain after an afternoon swim.
	•	-	c)	A 60 year old complaining of nausea, profuse sweating and shortness of breath for an hour
			d)	An 8 year old who was hit in the leg by a baseball and now has a large bruise.
	Я		•	fildren run into each other on the pool deck. Child A falls back, hits her head on the deck and is
	·			
_				cious. Child B falls to her knees and complains that her knee hurts. Child C remains standing,
				lip is bleeding slightly. Child D does not appear to be injured. Which child should you care for
			first?	
			a)	Child A
	÷		b)	Child B
			-1	Child C

d) Child D