

Dear Applicant

Thank you for your request for consideration for employment with the Beach Department for summer season 2010 as a Parking Guard.

Please return your application as soon as possible.

New employee interviews will take place April and May.

Feel free to call me at home 508-693-6008 if you have any questions, please note my new email address.

Thank you,
Martina Mastromonaco
Beach Superintendent
mvmartina@yahoo.com

**Town of Chilmark Beach Department
Beach Committee
POB 119
Chilmark MA 02535
Phone 508-645-2100 Fax 508-645-2110
PRINT CLEARLY**

2010 APPLICATION FOR PARKING GUARD AT TOWN BEACHES

Name: _____
Present Physical (Street) Address: _____
City : _____ Zip Code: _____
Mailing Address: _____
City: _____ Zip Code: _____
Phone Number: _____
EMAIL _____
Do you have a Vineyard address? _____
Town: _____ Zip Code: _____
Phone Number: _____
Cell Phone: _____
Email Address: _____
Is this definite summer housing _____ YES _____ NO

Dates you will be available to work, Please be specific (example July 1st-Sep 2nd)
START _____ END _____
*****ARE THESE DATES SUBJECT TO CHANGE?*****

Reason _____

Age _____ DOB: _____ Hgt: _____ Wgt: _____

Social Security # _____ Place of Birth _____
Present Occupation/Class _____

**You may email back your application, but you MUST also mail a copy to the town
For Parking Guard, Please fill out below only if applicable.**

CPR & AED Including Infant, Child and Adult Date of expiration _____
Sponsored by _____
Lifeguard Training Date of Expiration _____
Sponsored by _____
First Aid/ First Responder Training Date of Expiration _____
Sponsored by _____

Special Skills/Training

Previous Applicable Experience

References (at least one reference must be an Island resident)

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Emergency Contact: Name _____
Relationship: _____ Phone # _____

ALL NEW APPLICANTS MUST BE AVAILABLE TO COME TO THE ISLAND FOR INTERVIEW. PARKING GUARDS MUST BE 14 YEARS OF AGE AND OBTAIN WORKING PAPERS FROM THE SUPERINTENDENT OF SCHOOLS. PREVIOUS EMPLOYEES MUST FILL OUT NEW APPLICATION EVERY YEAR AND PROVIDE COPIES ANY CARDS.

APPLICATION CAN BE EMAILED BACK TO Martina Mastromonaco mvmartina@yahoo.com

PLEASE SIGN and MAIL THE ORIGINAL AS WELL.

I hereby declare that the statements and answers made as part of this application are true and made under penalties of perjury.

If hired by the Chilmark Beach Department I hereby consent to their random drug testing policy. I do so in that recognition of the fact that the lives and safety of persons using Town beaches depends upon my ability to perform my duties and that such ability would be impaired by my use of illegal drugs. I further understand that should I fail a random, or "for cause" drug test, my employment will be subject to termination after a hearing with the beach committee.

If I take prescription or over the counter medication that such my ability would be impaired by the use of the medication I will cover my shift and notify my supervisor.

Signature _____ **Date** _____

1. Rate of Compensation \$ 11.88 to \$15.11.
2. Seasonal Employees do not receive any over time. No employee will be scheduled for more then 40 hours.
3. You will be provided two uniform T-shirt and a sweat top. You MUST provide a suitable Red swim guard trunk/suits and Red shorts.
4. Please include with your application: a) a note to the beach committee telling why we should hire you for the season, b) a written recommendation, and c) copies of ALL required certification. This applies even if you have work in past seasons.