

## CHECKLIST FOR CCC 2009 SUMMER EMPLOYMENT

**DUE Friday, May 15, 2009**

Please return the following by **MAIL** ASAP:

- \_\_\_\_\_ Signed copy of **2009 CCC Summer Employment Agreement**
- \_\_\_\_\_ Signed copy of **Criminal Records Check Release Form (CORI)**
- \_\_\_\_\_ Signed copy of **Employee Health History Form**  
(including parent's signature if you are under 18)
- \_\_\_\_\_ Copy of front and back of **any certifications that you hold** (make sure certification remains in effect through the summer), including First Aid, CPR, Lifeguard, etc.
- \_\_\_\_\_ **Certificate of Immunization** – send with contract. **THIS IS VERY IMPORTANT!** Get this from your Doctor.
- \_\_\_\_\_ **Completed W4 Form** – Please consult with your parent or guardian to make sure it is filled out properly for your personal financial circumstance. Please use your permanent winter address.
- \_\_\_\_\_ **Completed Direct Deposit Form** – This is not necessary but is highly recommended. If you do not have a bank account, please ask your parent or guardian if you can have your paychecks direct deposited to their account. **Any checks not cashed at the end of this summer will result in a \$30 reissue fee per check.**  
Employees need to do the following
  - \*Complete the two boxes: "Worker - Required Information" and "Complete for Direct Deposit"
  - \*Sign the bottom of the form (worker signature) & have the account holder sign as well if the account is not yours (ie, if it is your parent's account, have them sign on account holder line).
  - \***Attach a copy of a voided check from the account the checks are to be deposited into.**

Questions?

Call or email Mathea Levine Morais at 508-645-9818 or [matheal@gmail.com](mailto:matheal@gmail.com)

<b>MAIL to:</b> <b>Mathea Levine Morais</b> <b>31 Blue Barque Road</b> <b>Chilmark, MA 02535</b>
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## Chilmark Community Center

As an employee of the Chilmark Community Center (Chilmark Town Affairs Council, Inc.), I understand that a criminal record check (including juvenile data) will be conducted (in accordance with 105 CMR 430.090) for criminal information only and that any information obtained thereby will not necessarily disqualify me from employment at the Chilmark Community Center.

Please indicate whether you have ever been convicted of a felony: \_\_\_\_\_ yes  
\_\_\_\_\_ no

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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### Employee Information (Please Print)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Maiden Name or Alias (if applicable)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Permanent (Winter Address)

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Other states you have permanently resided in within the last five years

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FOR OFFICIAL USE ONLY

Record Attached: \_\_\_\_\_

No Record: \_\_\_\_\_

**CHILMARK COMMUNITY CENTER  
2009 EMPLOYEE HEALTH HISTORY INFORMATION**

**Employee Name** \_\_\_\_\_

**Contact In Case of Emergency**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Your Health Care Provider or HMO's Contact Information (if any)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Do you have any medical conditions (asthma, diabetes, etc.) or allergies (bee stings, medications, food, etc.) that we should be aware of normally or in an emergency medical situation?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If you are younger than age 18, please also provide:**

**(1) Parent or guardian's name, address, and phone, if different than those provided on the employment contract or for emergency contact above:**

Parent/Guardian Name: \_\_\_\_\_  
Summer Address: \_\_\_\_\_  
Summer Phone: \_\_\_\_\_

**(2) Authorization for Emergency Medical Care:**

I understand that every effort will be made to contact me in the event of an emergency requiring medical treatment for \_\_\_\_\_, However, if I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the Chilmark Community Center staff to contact the local Emergency medical Technicians and, if the situation requires it, have them transport my child to the Martha's Vineyard Hospital Emergency Room, or to any medical facility that is deemed appropriate for necessary medical treatment by the attending staff.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_