

**NORTH CASTLE RECREATION & PARKS DEPARTMENT  
APPLICATION FOR EMPLOYMENT**

40 Maple Avenue, Armonk, NY 10504  
(914) 273-3325 FAX (914) 273-2139

Name \_\_\_\_\_ Email \_\_\_\_\_

Present Address (if currently at college) \_\_\_\_\_

Permanent Address (summer address) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Age (under 18) \_\_\_\_\_

EDUCATION	NAME & LOCATION	COURSE/MAJOR DEGREE	YRS. COMPLETED
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High School			
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College or			
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Business School			
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Graduate or			
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Professional School			
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Certificates or Special Training			
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**EMPLOYMENT HISTORY (last 5 years)**

Name and Address of Employer	From Mo/Yr	To Mo/Yr	Kind of Work or Position	Salary	Reason for Leaving	Phone No.
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List any other training or experience which might qualify you for a position \_\_\_\_\_

Have you ever been convicted of a felony, misdemeanor or violation? \_\_\_\_\_ (If yes, explain on back)

Have you ever applied to or worked for North Castle Recreation? \_\_\_\_\_

I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification). Pursuant to 210.45 of the New York State Penal Law, it is a crime punishable as a Class "A" misdemeanor to knowingly make a false statement herein.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian's Signature (if under age 18) \_\_\_\_\_ Date \_\_\_\_\_

## TOWN OF NORTH CASTLE RECREATION AND PARKS DEPARTMENT

**STAFF REFERENCE FORM**

Return to: 40 Maple Ave., Armonk, NY 10504

Fax: 914-273-2139

Email: [pgelston@northcastleny.com](mailto:pgelston@northcastleny.com)

Applicant Name: \_\_\_\_\_

Position: ☐ Kick-A-Poo ☐ Chippewa ☐ Pool ☐ Other

Reference Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Association with Applicant: ☐ Former Employer(ee)☐ Teacher / Coach☐ Religious Organization☐ Friend☐ Other (Explain): \_\_\_\_\_

Length of Association: \_\_\_\_\_

To the best of your ability, please rate the applicant in the following areas based on your experience with them:

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>	<u>NOT OBSERVED</u>
1. Integrity / Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Reliability / Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. General Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Appearance / Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Co-Operational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Personal Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Respect of Authority Figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Response to Constructive Criticism or Suggestions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Ability to Relate to and form Rapport with Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Cooperation with Co-Workers and Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any other positive or negative feedback you may have on the Applicant and their ability to fulfill their desired position; all information provided is confidential: \_\_\_\_\_

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(Signature)

(Date)

(Organization)

(Title)

**Office Use ONLY**

Received: \_\_\_\_\_ By: \_\_\_\_\_

Follow Up: \_\_\_\_\_ By: \_\_\_\_\_

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(Signature)

(Date)

(Organization)

(Title)

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Follow Up: \_\_\_\_\_ By: \_\_\_\_\_