

NORTH CASTLE RECREATION & PARKS DEPARTMENT

APPLICATION FOR EMPLOYMENT

40 Maple Avenue, Armonk, NY 10504

PHONE (914) 273-3000 Ext. 306

FAX (914) 273-2139 vceletti@northcastleny.com

Kick-A-Poo: ☐

Chippewa: ☐

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 _____

College or _____

Business School _____

Graduate or _____

Professional School _____

Certificates or Special Training _____

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 at camp _____

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 _____

-Please submit TWO completed reference forms along with this application-

TOWN OF NORTH CASTLE RECREATION AND PARKS DEPARTMENT

STAFF REFERENCE FORM

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

Fax: 914-273-2139

Email: vceletti@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: _____

(Signature)

(Date)

(Organization)

(Title)

Office Use ONLY

Received: _____ By: _____

Follow Up: _____ By: _____

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☐ Religious Organization

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