

2024 CAMP EMPLOYMENT APPLICATION

(PLEASE PRINT CLEARLY)

CONTACT INFORMATION:

Full Name: _____ Date of Birth: ____/____/____

Mailing Address: _____

Primary Email Address: _____ Secondary Email Address: _____

Home Phone Number: _____ Cell Phone Number _____

Are you a U.S. Citizen? _____ If not a U.S. Citizen, can you provide proof of employment eligibility? _____

INTERESTED IN WORKING:

- Full-Day - Hours: 8:15am - 3:15pm (7 Hrs.) Extended-Day - Hours: 1:15pm - 6:15pm (5 Hrs.)

EDUCATION BACKGROUND:

High School _____ Graduated: YES NO

If, in High School - Grade entering this Fall? 9th 10th 11th 12th

College _____ Graduated: YES NO

If in College - Year you are entering this Fall? Freshmen Sophomore Junior Senior

Any Post College Training _____

Additional Degrees/Training/Skills/Certifications? _____

PLEASE CONSIDER ME FOR THE FOLLOWING CAMP POSITION(S):

- DIRECTOR, CAMP IROQUOIS (21+ Years Old.)
 ASSISTANT DIRECTOR, CAMP IROQUOIS (18+ Years Old.)
 HEALTH DIRECTOR (PREFERRED EMT CERTIFIED, MINIMUM RTE CERTIFIED)
 SPECIALIST (18+ Years Old.):
 Arts & Crafts Sports Nature & Hiking Music & Drama Other: _____
 HEAD COUNSELOR CAMP IROQUOIS STAFF (18+ Years Old.)
 GENERAL COUNSELOR CAMP IROQUOIS STAFF (**MUST** be 16 years old with Working Papers.)
 DIRECTOR, EXTENDED DAY CAMP (21+ Years Old.)
 EXTENDED DAY CAMP STAFF (**MUST** be 16 years old with Working Papers.)

Tee Shirt Size: Youth _____ Adult _____

**PLEASE NOTE: IF YOU ARE 16 - 17 YEARS OF AGE, AS OF JUNE 1,
YOU MUST PROVIDE US WITH A COPY OF YOUR OFFICIAL
WORKING PAPERS.**

RETURN TO:

MOUNT KISCO RECREATION DEPARTMENT, 1 WALLACE DRIVE, MOUNT KISCO, NY 10549

PREVIOUS EMPLOYMENT:

1.	_____	_____	_____	_____
	Name	Address	Position Held	Dates Employed
2.	_____	_____	_____	_____
	Name	Address	Position Held	Dates Employed
3.	_____	_____	_____	_____
	Name	Address	Position Held	Dates Employed

Can you commit to working the entire **6 weeks (July 1 - August 9)** of camp this summer? NO YES

If NO, please explain: _____

Please describe your experiences, if any, working with children: _____

Please list any hobbies, skills, or special interests that you might like to share at Camp: _____

Please explain why you would like to work at Camp Iroquois: _____

The answers to the foregoing questions are true and correct to the best of my knowledge and belief. I fully understand that any willful misstatement of material facts may lead to disqualification from work.

Applicant's Signature: _____ Date: ____/____/____

OFFICE USE ONLY: Date of Received: ____/____/____ Interview Date: ____/____/____ Rating: _____

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VILLAGE/TOWN OF MOUNT KISCO

MOUNT KISCO RECREATION DEPARTMENT

1 WALLACE DRIVE, MOUNT KISCO, NY 10549

PHONE: (914) 666 - 3059 * EMAIL: recreation@mountkisco.ny.gov * WEB: www.mountkisco.ny.gov

2024 PERSONAL REFERENCE FORM:

PLEASE GIVE THIS TO THE PERSON YOU ARE REQUESTING A REFERENCE FROM.

Applicant's Full Name: _____

NEW Applicant:

MUST provide THREE (3) references.

RETURNING Applicant:

MUST provide TWO (2) NEW references.

YOU MAY NOT USE FAMILY MEMBERS, FAMILY FRIENDS,
FRIENDS, OR OTHER CAMP STAFF MEMBERS.

I have given your name as a reference to the Village/Town of Mount Kisco Recreation Department. I agree to release you, your firm, or your corporation from any liability from the information you may provide.

REFERENCE'S CONTACT INFORMATION:

Full Name: _____ Primary Phone Number: _____

E-Mail Address: _____ Relationship to you: _____

Reference's Signature: _____ Date: ____ / ____ / ____

The above-named individual has applied for a position with the Village/Town of Mount Kisco Recreation Department. Because the applicant will be working closely with children, we must have a clear picture of the applicant's abilities, personality, and background. Please circle the number below on the number scale that best represents the qualities that you have observed in this applicant. All information given will be kept confidential.

ITEMS:	UNOBSERVED	POOR		AVERAGE		EXCELLENT
RESPONSIBILITY:	0	1	2	3	4	5
SELF-CONFIDENCE:	0	1	2	3	4	5
GENERAL APPEARANCE:	0	1	2	3	4	5
MATURITY:	0	1	2	3	4	5
DEPENDABILITY:	0	1	2	3	4	5
PUNCTUALITY:	0	1	2	3	4	5
LEADERSHIP ABILITY:	0	1	2	3	4	5
INITIATIVE & FOLLOW-UP:	0	1	2	3	4	5
HONESTY & INTEGRITY:	0	1	2	3	4	5
ENTHUSIASM:	0	1	2	3	4	5
ACCEPTS CRITICISM:	0	1	2	3	4	5

Can you think of any reason why this individual would not be appropriate for a position working with children?

How long and in what capacity have you known this individual? _____

If previously employed would you rehire this individual? NO YES If No, why? _____

Any additional comments: Strengths and/or Weaknesses? _____

OFFICE USE ONLY: Date of Received: ____ / ____ / ____ Interview Date: ____ / ____ / ____ Rating: _____

PLEASE RETURN TO GEORGE PRICE:

EMAIL/SCAN TO: gprice@mountkisco.ny.gov

MAIL: MOUNT KISCO RECREATION DEPT., 1 WALLACE DRIVE, MOUNT KISCO, NY 10549

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