

VILLAGE/TOWN OF MOUNT KISCO

RECREATION DEPARTMENT

2023 DAY & TRAVEL CAMP EMPLOYMENT APPLICATION

(PLEASE PRINT CLEARLY)

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

Mailing Address: _____

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? _____

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? _____

POSITION(s) APPLYING FOR:

Day Camp (7 Weeks – June 26 to August 11):

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

General Counselor (16+ years old)

Head Counselor (18+ years old).

Camp Specialist (18+ years old).

Art Sports Nature Music & Drama WSI EMT

Senior Staff (21+ years old)

Travel Camp (4 Weeks – July 3 to July 28):

Hours vary based on trip

General Counselor (18+ years old)

Assistant Director (21+ years old)

**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.**

PREVIOUS EMPLOYMENT/VOLUNTEER EXPERIENCE:

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 all weeks of camp this summer? YES NO

If No, please explain: _____

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

Please list any awards or special recognition that you have received: _____

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: _____

Have you ever been convicted of a felony? NO YES. If yes, explain: _____

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: ____/____/____

Guardian Signature: _____ Date: ____/____/____
(If applicant is under 18)

Return application and references to:
Mount Kisco Recreation Department
1 Wallace Drive
Mount Kisco, NY 10549
Or: recreation@mountkisco.ny.gov

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

2023 PERSONAL REFERENCE FORM:

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

Applicant's Full Name: _____

NEW Applicants:
MUST provide **THREE (3)** references.

RETURNING Applicants:
MUST provide **TWO (2) NEW** references.

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 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 which best represents the qualities that you have observed in this applicant. All information given will be kept confidential.

*** PLEASE EMAIL COMPLETED FORM TO: recreation@mountkisco.ny.gov ***

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 Received: ____ / ____ / ____ Interview Date: ____ / ____ / ____ Rating: _____

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