

STAMFORD RECREATION SERVICES

2019 SUMMER CAMP EMPLOYMENT APPLICATION

Please Read Before Completing This Application

All completed applications will be reviewed by our staff and will be determined if the candidate has the background / experience that we are looking for to be interviewed for a summer camp position. Due to the large amounts of applications that we receive each year, notification will not be sent out to candidates that do not receive an interview. Candidates that are selected to be interviewed will be contacted by phone and/or email to set up an interview.

PERSONAL INFORMATION

NAME: _____ DOB: _____ MALE: ___ FEMALE: ___

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ BEST TIME TO CONTACT: _____

CURRENT ADDRESS: _____ TOWN: _____ STATE: ___ ZIP: ___

CURRENT AGE: _____

IF HIRED, DO YOU HAVE RELIABLE TRANSPORTATION TO WORK? YES: ___ NO: ___

HAVE YOU EVER APPLIED AT STAMFORD RECREATION BEFORE? YES: ___ NO: ___

YOU ARE ABLE TO WORK THE FULL SEVEN WEEKS OF CAMP? YES: ___ NO: ___

DO YOU HAVE ANY SUMMER VACATION PLANS? YES: ___ NO: ___

IF YES WHEN: _____

ARE YOU A HIGH SCHOOL STUDENT? YES: ___ NO: ___

ARE YOU A COLLEGE STUDENT? YES: ___ NO: ___

ARE YOU ENROLLED IN ANY SUMMER COURSE? YES: ___ NO: ___

IF YES WHEN WILL THEY BE HELD? _____

HOW WHERE YOU REFERRED TO STAMFORD RECREATION SERVICES?

___ WEBSITE

___ NEWSPAPER

___ FRIEND

___ WALK-IN

___ OTHER, EXPLAIN: _____

POSITION YOU ARE APPLYING FOR THIS SUMMER?

___ CAMP DIRECTOR ___ ASSISTANT CAMP DIRECTOR ___ ART INSTRUCTOR

___ SPORTS INSTRUCTOR ___ CAMP COUNSELOR

DO YOU HAVE ANY PREVIOUS CAMP EXPERIENCE? YES: ___ NO: ___

IF YES EXPLAIN: _____

EDUCATION INFORMATION

NAME OF HIGH SCHOOL: _____ GRADUATION YEAR: _____

ARE YOU ENROLLED IN COLLEGE AT THIS TIME? YES:___ NO:_____

IF YES WHAT COLLEGE : _____ CURRENT YEAR: _____ MAJOR: _____

HIGHEST DEGREE EARNED: HIGH SCHOOL:___ ASSOCIATES:___ BACHELOR:___

MASTERS:___ SIX YEAR DEGREE:_____

OTHER PERTINENT INFORMATION

ARE YOU WILLING TO BE WITHOUT YOUR CELL PHONE AT WORK? YES:___ NO:___

DO YOU ENJOY SPORTS? YES:___ NO:___

IF YES, THEN WHAT SPORTS AND WHERE DO YOU PLAY?

DO YOU ENJOY ARTS & CRAFTS? YES:___ NO:___

DO YOU ENJOY OUTSIDE ACTIVITIES? YES:___ NO:___

DO YOU ENJOY INSIDE ACTIVITIES? YES:___ NO:___

DO YOU LIKE TO SWIM? YES:___ NO:___

LIST OTHER HOBBIES OR EXTRACURRICULAR ACTIVITIES THAT YOU ENJOY AND WHY?

OUT OF THE FOLLOWING CIRCLE TOP THREE CHOICES.

- | | | | | | |
|----------|------------|----------|-------|---------------|---------|
| SOCCER | BASKETBALL | BASEBALL | DANCE | ARTS & CRAFTS | DRAMA |
| GOLF | AEROBICS | GYM | MUSIC | TENNIS | NATURE |
| SWIMMING | RUNNING | READING | LIFE | YOGA | FRIENDS |

HAVE YOU EVER WORKED WITH CHILDREN BEFORE? YES:___ NO:___

IF YES EXPLAIN: _____

ARE YOU WILLING TO LEARN AND FOLLOW ALL CAMP & CITY RULES & REGULATIONS?

YES:___ NO:___

WILL YOU WEAR UNIFORM ATTIRE TO WORK EACH DAY IF HIRED? YES:___ NO:___

DO YOU HAVE ANY EXPERIENCE WORKING AROUND CHILDREN? YES:___ NO:___

LIST ANY EXPERIENCE WITH CHILDREN THAT YOU MAY HAVE BELOW.

WHAT IS YOUR MAIN REASON FOR APPLYING FOR THIS JOB?

PREVIOUS EMPLOYMENT INFORMATION—PLEASE LIST MOST RECENT FIRST.

COMPANY NAME: _____ JOB TITLE: _____

ADDRESS: _____ TOWN: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

SUPERVISORS NAME: _____ TITLE: _____

COMPANY NAME: _____ JOB TITLE: _____

ADDRESS: _____ TOWN: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

SUPERVISORS NAME: _____ TITLE: _____

COMPANY NAME: _____ JOB TITLE: _____

ADDRESS: _____ TOWN: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

SUPERVISORS NAME: _____ TITLE: _____

REFERENCE INFORMATION

NAME	ADDRESS	PHONE NUMBER	RELATIONS

MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ AND UNDERSTAND THE INFORMATION ON THIS APPLICATION AND THAT ALL OF MY INFORMATION IS TRUE AS WELL AS CORRECT. I UNDERSTAND THAT NOT ALL APPLICANTS WILL BE CONTACTED FOR AN INTERVIEW.

APPLICANTS NAME: _____ SIGNATURE: _____

DATE OF APPLICATION: _____