

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 para 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: \_\_\_\_\_

WILL YOU BE WORKING FOR THE STAMFORD BOE THIS SUMMER? 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: \_\_\_\_\_

DO YOU HAVE ANY PREVIOUS CAMP EXPERIENCE AS A PARA ? 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 THE THREE THINGS YOU ENJOY MOST ABOUT WORKING WITH CHILDREN THAT HAVE DISABILITIES AND WHY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER WORKED WITH CHILDREN AGES 5 - 12: 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: \_\_\_

PLEASE LIST THE DIFFERENT AREAS OF SPECIAL EDUCATION YOU HAVE EXPERIENCE WITH: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU CONSIDER THE MOST DIFFICULT ASPECT OF THIS JOB?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY DO YOU WANT TO WORK AS A PARA THIS SUMMER AT CAMP?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

**HAVE YOU PASSED THE PARA EXAM FOR THE CITY OF TOWN BOARD OF EDUCATION THAT YOU CURRENTLY WORK FOR? YES: \_\_\_\_\_ NO: \_\_\_\_\_**

**EXPLAIN:** \_\_\_\_\_

**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:** \_\_\_\_\_