



TOWN OF NEW LEBANON ♦ SUMMER YOUTH PROGRAM
APPLICATION FOR EMPLOYMENT
COUNSELOR/C-I-T/LIFEGUARD/WSI AIDE

PERSONAL INFORMATION

Name: _____ Age: _____ D.O.B.: _____
Last First Initial S.S.#: _____
Mailing Address: _____
P.O. Box or Street Address City/Town State Zip Code
Physical Address: _____
Street & Number City/Town State Zip Code
Telephone Number: _____

POSITION:

Which position are you applying for? _____

PRIOR EMPLOYMENT WITH US

Have you files an application with us before? Yes No If yes, when? _____
Have you ever been employed here before? Yes No If yes, when? _____

TRANSPORTATION

Do you have reliable transportation to get to work daily? Yes No

EMPLOYMENT/VOLUNTEER HISTORY

Name of Employer/Organization: _____	Position: _____
Address: _____	Dates of Employment: _____
Phone #: _____ Contact Name: _____	_____ to _____
Please briefly describe your responsibilities: _____	

Please explain your reason for leaving: _____	

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If you need additional space, please attach a separate piece of paper.

Make sure you include all the information requested above.

OTHER EXPERIENCE/LEADERSHIP POSITIONS:

Please list any other experience including clubs and organizations you have participated in:

If you need additional space, you may use a separate piece of paper.

CERTIFICATES AND TRAINING:

Do you have CPR training? Yes No Do you have First Aid Training? Yes No

Please list any other training or certificates you have: _____

If you need additional space, you may use a separate piece of paper.

SKILLS/ABILITIES/INTERESTS:

Please list any special skills or abilities or interests you have that are not listed elsewhere that you feel would be important or helpful for us to know: _____

Please read carefully and sign:

APPLICANT'S STATEMENT

I understand that this application for employment will be given every consideration, but its receipt does not constitute a contract of employment, nor does it imply that I will be hired.

I certify that all answers given on this employment application are true and complete to the best of my knowledge, and I authorize the investigation of all statements contained on this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) is sufficient cause for immediate termination of employment by the employer without incurring any liability or obligation.

I hereby acknowledge that I have read and understand this agreement.

Signed of the Applicant _____

_____ Date Signed

Please note that in addition to completing this application, you need to supply us with three (3) references. You will be supplied with *reference forms* for your references to complete.



**TOWN OF NEW LEBANON ♦ SUMMER YOUTH PROGRAM
COUNSELOR/C-I-T/LIFEGUARD/WSI AIDE REFERENCE**

Dear Applicant,

You are required to provide three (3) references. Please choose three (3) people not related to you. Ask them if they would provide us with reference information for you. If they say yes, provide them with one of the attached forms and ask them to complete it and return it to us at the address listed on the form within seven (7) days.

At the same time, please fill out the bottom portion of this letter and return it to us at:

Town Of New Lebanon, P.O. Box 328, New Lebanon, New York 12125. Attention:

It is important that you include the references mailing address and telephone number so that we may contact them if we do not receive your reference form. If you have any questions, please call me at

Sincerely,

Camp Director

Please complete the following information and send to: Town Clerk, P.O. Box 328, New Lebanon, NY
12125

Applicant's Name (Your Name): _____

1. Reference's Name: _____

Mailing address: _____

Telephone Number: _____

2. Reference's Name: _____

Mailing address: _____

Telephone Number: _____

3. Reference's Name: _____

Mailing address: _____

Telephone Number: _____



**TOWN OF NEW LEBANON ♦ SUMMER YOUTH PROGRAM
COUNSELOR/C-I-T/LIFEGUARD/WSI AIDE REFERENCE**

You have been asked to be a reference for an applicant for counselor to our Summer Youth Program. This program is a summer day camp for children in Kindergarten through and including age 12. Please complete the following questionnaire and send it to:

Town Of New Lebanon, P.O. Box 328, New Lebanon, NY 12125 Attention: _____

If you have any questions, please feel free to call me at _____ . Thank you.

APPLICANT'S NAME: _____

Your Name: _____ **Daytime phone no.:** _____

(Phone no. is required so we may verify this reference.)

Mailing address: _____

How do you know the applicant/What is the nature of your relationship with the applicant?

How long have you known the applicant?

Describe the applicant's strengths and weaknesses, especially in regard to working with children:

Would you hire the applicant to care for your own children, if you have any? _____

**Are there any reasons that you feel the applicant may not be able to work effectively with children?
(If yes, please explain briefly.)** _____

Why do you feel the applicant would be a good counselor for our youth program? _____

Please feel free to add any additional comments that you feel may be helpful when considering this applicant as a counselor for our Summer Youth Program on the back of this form.

Reference's Signature _____

Date _____



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