

**TOWN OF EASTCHESTER  
RECREATION DEPARTMENT  
SUMMER EMPLOYMENT APPLICATION**

*This application must be completed and signed personally by the applicant. Each question must be answered in full. If answer is NO or NONE, indicate such. We are an **Equal Opportunity Employer** and consider all applications for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age physical or mental disability, marital status, or any other legally protected status or class.*

<b>Name (First, Middle Last)</b>	<b>E-mail Address</b> <i>(please note our preferred method of communication is email- please be sure to check your JUNK/SPAM folder if you have a g-mail account)</i>
<b>Address (Street/Town/Zip Code)</b>	<b>Cell Phone Number</b>
	<b>Home Phone Number</b>

**Position Desired (Please circle all that apply)**

<b>Full- Day Camp (Galaxy Jr/Sr):</b> Counselor (18+)      Jr. Counselor (16+)      Lifeguard (16+)
Specialist (Please indicate desired: Arts & Crafts, Sports, or Dance): _____
<b>Travel Camp (Quest):</b> Counselor (18+ with previous Camp experience)
<b>Half Day Camp (Rainbow):</b> Teacher (NYS Certified)      TA (NYS Certified)      Counselor (18+)      Jr. Counselor (16+)
CIT (Must turn 15 by July 1 <sup>st</sup> —Residents Only)      Specialist (Please indicate desired: Arts & Crafts, Sports, or Dance): _____

Are you currently employed? Please indicate where: If yes, may we contact your employer to obtain employment information?	<b>Yes</b> <b>No</b>
Have you ever been employed with the Town of Eastchester before?	<b>Yes</b> <b>No</b>
If yes, give dates From _____ to _____ Please indicate Position and if at Camp which Camp _____	
Are you legally eligible for employment in the United States? <i>Employment eligibility verification will be required upon employment</i>	<b>Yes</b> <b>No</b>
If you are under 18 years old, can you provide required proof of your eligibility to work (Working Papers)	<b>Yes</b> <b>No</b>
If you have been provided a job description for the position you are applying, are you able to perform the essential Functions of the position with or without reasonable accommodations	<b>Yes</b> <b>No</b>

Type of School Attended	Name and Location of School	Number of Years Completed	Course of Study	Diploma or Degree Obtained
High School				
College				

List Certifications (Including CPR, Lifeguard, WSI, First Aid, RTE) and licenses (including Driver License) that would support your qualifications for employment. List expirations dates next to each certificate and license.  <i>If you are applying for a position which requires a Driver License, provide Driver License Number here:</i>	List your hobbies and extracurricular activities as they relate to a Recreation Program. Include the areas that you are qualified to instruct or any activities you can do with children that are not sports orientated.
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**References: Please list 3 references below. ALL must be a non-relative and over 21 years old. If hired, you will need to have 2 reference forms completed.**

Name/Occupation	Phone Number: Email:
Address (City/State)	Years Known and in what Capacity
Name/Occupation	Phone Number: Email:
Address (City/State)	Years Known and in what Capacity
Name/Occupation	Phone Number Email
Address (City/State)	Years Known and in what Capacity

<b>Present or Last Employer</b>			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)			
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			
<b>Next Previous Employer</b>			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)			
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			
<b>Next Previous Employer</b>			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)			
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

**Please initial below:**

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local regulations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_