

# TOWN OF WAPPINGER



## TOWN OF WAPPINGER RECREATION SUMMER EMPLOYMENT APPLICATION FOR NEW EMPLOYEES

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street Address (Include Town) \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

NOTE: Applicant must be at least 16 years of age by the start of the Summer Playground Program in order to be considered for employment. ALL 16 AND 17 YEAR-OLD MUST SUBMIT A COPY OF THEIR WORKING PAPERS IN ORDER TO BE ELIGIBLE. FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION BEING DISMISSED.

Position applying for (Check all that apply):

\_\_\_\_\_ Summer Program Director  
\_\_\_\_\_ Playground Director  
\_\_\_\_\_ Lifeguard  
\_\_\_\_\_ Floater (Used where needed)  
\_\_\_\_\_ Counselor-In-Training (15 yr. old)  
\_\_\_\_\_ Playground Counselor  
\_\_\_\_\_ Cross Court Counselor

Camp Preference: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
MF = Martz Field, QA = Quiet Acres, CP = Castle Point,  
SH = Spook Hill, CC = Cross Court-Swim program averages 20 hrs. per wk.

NOTE: Camp preference is used for your input, but NOT A GUARANTEED.

### EDUCATIONAL BACKGROUND

1. High School Name \_\_\_\_\_ Graduation Date \_\_\_\_\_
2. College Attending \_\_\_\_\_ Major \_\_\_\_\_
3. Expected Date / Graduation Date from College \_\_\_\_\_
4. First Aid/CPR Certification – Please attach a copy of your certificate to the application.  
CPR: \_\_\_\_\_ Need Class \_\_\_\_\_ Need Re-Certification \_\_\_\_\_ Have Current Card  
First Aid: \_\_\_\_\_ Need Class \_\_\_\_\_ Need Re-Certification \_\_\_\_\_ Have Current Card  
(CPR Card – Good for 1-year First Aid – Good for 3 years)

NOTE: The Town of Wappinger Recreation Department is an Equal Opportunity Employer. You must provide your own transportation to and from the job. Since the Town Summer Programs are 7 weeks, it is expected that the applicant will be available the ENTIRE 7 WEEKS. Special circumstances will be reviewed by the Recreation Director.

**REFERENCES:** Please include the name/address/phone #, relationship for each person.

**NOT FAMILY MEMBERS PLEASE.** You must have 3 references this is a Board of Health requirement. Failure to have 3 references will cause the application to be disqualified.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**EXPERIENCE:** List any past position or experiences that you fee were of value in helping prepare you for your position (Examples - Arts & Crafts, Athletics, Babysitting).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**JOB EXPECTATIONS:** Please write a paragraph explaining why the Town of Wappinger Recreation Department should consider you for employment.

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

Applicant Signature

Date

**PLEASE NOTE BY SIGNING THIS APPLICATION YOU AGREE TO ALL THE TERMS AND HAVE READ THE APPLICATION CAREFULLY. APPLICATIONS ARE DUE TO BE RETURNED TO THE TOWN HALL RECREATION OFFICE BY THE FIRST WEEK IN MARCH. APPLICATIONS TURNED IN AFTER THIS DEADLINE WILL NOT BE GIVEN PREFERENCE.**

