

Wood Park Summer Camp

COUNSELOR APPLICATION

ALL APPLICANTS MUST BE A MINIMUM 15 YEARS OF AGE ON OR BEFORE THE FIRST DAY OF SUMMER CAMP

PLEASE RETURN THIS APPLICATION WITH THE REQUESTED INFORMATION TO:

Leonia Recreation Center- 370 Broad Avenue Leonia, New Jersey 07605 by 4/1

DATE: _____ **SHIRT SIZE:** _____

First name: _____ **Last name:** _____

Address: _____

Home # _____ **Cell #:** _____

Email address: _____

Date of Birth: _____ **Age:** _____

IF YOU ARE UNDER THE AGE OF 18, DO YOU HAVE WORKING PAPERS ON FILE WITH US?
YES___ NO___

(If no, you must obtain working papers from your guidance department, if you are hired)

The Borough of Leonia pays its employees through Direct Deposit. Do you have a checking / savings account? Yes___ No___

POSITION APPLYING FOR: (circle one AND specify age group desired)

Mini (4 & 5 y/o) Camp _____ Youth(grades 1-8)Camp _____

Have you ever applied for a position or previously worked for the Borough of Leonia?

Yes _____ No _____

If yes, give details. _____

Have you ever been convicted of a felony?

Yes _____ No _____

If yes, give details. _____

Are you First Aid certified? Yes___ No___ (Expiration Date)_____

When & where _____

Do you have previous experience working with children? _____

Give details: _____

Do you have any experience working with children with disabilities? _____

Would you be interested in working with children with disabilities? _____

EDUCATION

<u>High School</u>	<u>Address</u>	<u>Year of Graduation</u>	
<u>College</u>	<u>Address</u>	<u>Year of Graduation</u>	<u>Degree/Major</u>

EMPLOYMENT HISTORY

List employment, beginning with your most recent position. Use additional sheets if necessary or attach a resume.

Position	Employer name & address	Dates of employment

REFERENCES

Give the name of 2 persons not related to you, please ask your reference before submitting their names on application. .

(Do not use Leonia Recreation Staff)

Name	Address or email	Phone number

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in 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 may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Borough of Leonia Recreation Commission.

The Borough of Leonia is an equal opportunity employer.

Signature of Applicant:

Date: _____