

To: All applicants & Returning Counselors  
From: Mr. Robinson, Summer Day Camp Director  
Re: Application Forms

1. If you are a new applicant applying for a position as a counselor in our Summer Recreation Program (Day Camp Counselor), please follow the instructions below:
  - a. Obtain an application by downloading it from the town's website or from Mrs. Baisley at Town Hall (Rockland County Personnel Application).
  - b. Obtain and make a copy of your age appropriate working papers – submit with application.
  - c. Fill out the application completely and legibly. Make sure you sign and date the form. Be sure to include your address, phone number, and email address.
  - d. Obtain two references and have them complete the **Summer Day Camp Reference Form**. They are to mail the form back to the Town Hall (74 E. Main St., Stony Point, NY 10980). These forms should not be included with your application.
  - e. Counselors applying for the first time must also submit two letters of recommendations from teachers or professors that they have had in high school or presently have in college.
  - f. Make sure all appropriate forms are completed and returned to Mrs. Baisley at Town Hall.
2. Obtaining First Aid and CPR/AED certifications is strongly recommended but not mandatory
3. Returning Counselors must provide two references using the **Summer Day Camp Reference Form**. Please file a new application with Mrs. Baisley at Town Hall.

Thank you,  
Mr. Robinson

Town of Stony Point

Summer Recreation Application – Part II

Please indicate your experience working with children (ie. Baby sitting, previous camp experience, attended day camp).

Experience:

Date(s)

_____	_____
_____	_____
_____	_____

Name of Person who can verify this information

\_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank You,

Mr. Craig Robinson

Day Camp Director

**Town of Stony Point  
Recreation Department  
Summer Day Camp Reference Form**



The Town of Stony Point operates 2 summer day camps serving children ages 4 to 14, and we are dedicated to finding the highest quality staff to ensure each child a safe and fun time while in our programs. Staff must exhibit good decision making skills, contribute positive behavior around children and staff, as well as demonstrating motivation and dependability. Thank you for helping make our camp a safe and fun place for children and their families.

**Applicant's Name:** \_\_\_\_\_ **Reference Name:** \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Length of time you have known applicant \_\_\_\_\_

Please complete the following evaluation according to the scale listed below as it pertains to your knowledge of the applicant. Please use the number system listed below and add any comments that you feel would help us in our hiring process. Thank you.

- 5-Exceeds Expectation
- 4-Occasionally Exceeds Expectations
- 3-Meets Expectations
- 2-Occasionally Fails Expectations

Maturity \_\_\_\_\_

Cooperates with Peers \_\_\_\_\_

Appearance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Communication Skills \_\_\_\_\_

Leadership Ability \_\_\_\_\_

Punctuality \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initiative \_\_\_\_\_

Enthusiasm \_\_\_\_\_

Takes Direction Well \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. What do you feel would be the applicant's greatest assets to working with children in a camping program?

2. What reservations, if any, would you have about the applicant's maturity or ability to successfully work with children and other staff?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-mail address or phone #

\_\_\_\_\_  
Date

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sex, disability, marital status or criminal record. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification or discrimination as to age, race, creed, color, national origin, sex, disability, marital status or criminal record in connection with employment in the municipal service of the County of Rockland.

**ROCKLAND COUNTY DEPARTMENT OF PERSONNEL**



**APPLICATION FOR STUDENT EMPLOYMENT**

FOR COUNTY OFFICES, TOWNS, VILLAGES, SCHOOL DISTRICTS, LIBRARIES AND SPECIAL DISTRICTS

\_\_\_\_\_ Position Title

**FOR RCDP USE ONLY**

Date Received \_\_\_\_\_ Approved \_\_\_\_\_

Conditional \_\_\_\_\_ Disapproved \_\_\_\_\_

It is necessary that you **ANSWER ALL QUESTIONS FULLY AND CAREFULLY**. Print in ink or use a typewriter. Attach additional sheets if necessary in order to give complete and detailed information. All statements are subject to verification.

**1. Name and Residence**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Street Address or R.D. \_\_\_\_\_ Phone Number \_\_\_\_\_

P.O. Box # \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Email Address:**

**Immediate notice should be given of any change in the information above.**

**2. Social Security Number**

**3. Are you under 18 years of age?** YES  NO   
Mo. Day Year

If yes, give date of birth.

**4. Check appropriate box to the right of each question**

**A.** Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES  NO

**B.** Have you ever been convicted of any crime (felony or misdemeanor)? YES  NO

**C.** Are you now under charges for any crime? YES  NO

If you answered "Yes" to any of the questions 4A-C above, a Confidential Investigation Questionnaire will be sent to you.

**NONE OF THE ABOVE CIRCUMSTANCES REPRESENTS AN AUTOMATIC BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED AND EVALUATED ON INDIVIDUAL MERITS IN RELATION TO THE DUTIES AND RESPONSIBILITIES OF THE POSITION(S) APPLIED FOR WHICH YOU ARE APPLYING.**

**NOTE:**

When filling out your application form, check to make sure that all questions have been answered. An incomplete application may result in its disapproval. A resume may not be submitted.

**5A.** Are you currently a U.S. Citizen? YES  NO   
(Citizenship is no longer a requirement for employment except for public officer positions)

**B.** If not, do you have the legal right to accept employment in the United States? YES  NO   
Please give alien registration number: \_\_\_\_\_

**6.** State your actual permanent legal residence and indicate how long you have resided there continuously, up to and including date of this application.

	Yrs.	Mos.
School District _____		
Village of _____		
Town of _____		
County of _____		
State of _____		

**THIS AFFIRMATION MUST BE COMPLETED**

I affirm that the statements made on this application (including any attached papers) are true under penalties of perjury.

↓ \_\_\_\_\_ ↓  
Signature of Applicant Date

**State any other name you have used in education or employment**

\_\_\_\_\_

**REMINDERS**

- Dates of employment should indicate month as well as year.
- List hours per week worked.
- Use correct Position title.
- If license or certificate is required, it must accompany your application or be presented to the appointing authority prior to appointment.
- Be sure you know the qualifications for your job and clearly illustrate your education and/or experience.
- Fill out BOTH sides of application.

**7. EDUCATION.** If credit is claimed for partially completed college curriculum or correspondence course, attach a list of courses and credits or semester hours completed. Indicate how many credit hours or courses are required for graduation. Do NOT send transcripts unless required. If special courses are required, list on a separate sheet of paper.

Do Not Write In This Column

Have you graduated from high school? YES  NO  If yes, give name and location of high school \_\_\_\_\_

If yes, give year graduated: \_\_\_\_\_

If no, give highest grade completed: \_\_\_\_\_ and expected date of graduation \_\_\_\_\_

If you have a high school equivalency diploma, indicate issuing Government Authority:						Number and/or Date of Issue:			
Name of School and City in which located	Dates of Attendance (Month and Year) From To	Day or Night	# of Years Credited	Did You Graduate?	Type of Course or Major Subject	# of College Credits Awarded	Degree Received	Date of Degree	
College, University Professional or Technical School									

A) Are you now enrolled as a full-time student? YES  NO

B) If so, name of school \_\_\_\_\_

C) If not, were you a full-time student this past semester or quarter? YES  NO

D) If yes, name of school \_\_\_\_\_

**8A. License:** If the job for which you are applying (including Lifeguard, Water Safety Instructor, etc.) requires a certificate or license, please complete below.

Name of Trade or Profession	License Number	Granted by (Licensing Agency)	City or State of
Specialty	Date License First Issued	Registered From _____ To _____	

**B.** Do you have a valid license to operate a motor vehicle in New York State? YES  Class \_\_\_\_\_ NO

**9. DESCRIPTION OF EXPERIENCE.** If ever employed by the County of Rockland or by any civil division therein (including school districts), please check this box , and give dates of employment here: \_\_\_\_\_

Describe below in detail ALL employment pertinent to the position(s) sought. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be resolved in your favor. Include MILITARY SERVICE experience when appropriate. Relevant VOLUNTEER (unpaid) experience will be considered if verified and fully documented. If your title or duties changed materially in the course of your service in any one organization, indicate such CHANGE clearly and as a SEPARATE EMPLOYMENT (if more space is needed attach 8 1/2 " x 11" sheets of paper using same format).

Length of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Firm Name	Address	City and State
Earnings (circle one) \$ _____ Per <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	Duties: describe the major tasks of the work personally performed by you, with estimate of percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.		
Type of Business			
Your Exact Title			
Name of your supervisor			
Supervisor's Title			
No. of Hours worked per week (exclusive of overtime)			

Length of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Firm Name	Address	City and State
Earnings (circle one) \$ _____ Per <input type="checkbox"/> Wk. <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	Duties: (See above)		
Type of Business			
Your Exact Title			
Name of Your Supervisor			
Supervisor's Title			
No. of Hours worked per week (exclusive of overtime)			