



Town of Stony Point

74 EAST MAIN STREET
STONY POINT, NEW YORK 10980

TEL: (845) 786-2716
FAX: (845) 786-3248
www.townofstonypoint.org

Please provide the information below if you are a new or returning applicant applying for a position as **Day Camp Counselor**:

A completed application includes the following:

1. Work Experience form
2. Two (2) 'Summer Camp Reference' Forms.
3. Rockland County Department of Personnel Application
4. If under 18, a copy of your working papers (Working papers can be obtained from your HS Guidance office.)
5. First Aid and CPR/AED certification is strongly recommended, but not mandatory.

Please return your **completed** application to Veronica Granone or Maryellen White at Town Hall.

If you have any questions, please contact Mr. Robinson at (845) 596-8188 or crobinson@townofstonypoint.org



TOWN OF STONY POINT SUMMER DAY CAMP WORK EXPERIENCE

Your Name: _____

Please indicate your experience working with children. (i.e., babysitting, mother's helper, previous camp experience, etc.)

Experience:	Name of Employer or person who can verify your experience:	Dates:

Your signature: _____ Date: _____



**TOWN OF STONY POINT RECREATION DEPARTMENT
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 demonstrate motivation and dependability. Thank you for helping to make our camp a safe and fun place for children and their families.

Applicant's Name: _____ **Reference's 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.

- 5 – exceeds expectations
- 4 – occasionally exceeds expectations
- 3 – meets expectations
- 2 – occasionally fails expectations
- 1 – does not meet expectations

Maturity _____	Cooperates w/ peers _____	Appearance _____
Communication Skills _____	Leadership Ability _____	Punctuality _____
Initiative _____	Enthusiasm _____	Takes Direction Well _____

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

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

Signature

Email or phone #

Date



**TOWN OF STONY POINT RECREATION DEPARTMENT
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 demonstrate motivation and dependability. Thank you for helping to make our camp a safe and fun place for children and their families.

Applicant's Name: _____ **Reference's 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.

- 5 – exceeds expectations
- 4 – occasionally exceeds expectations
- 3 – meets expectations
- 2 – occasionally fails expectations
- 1 – does not meet expectations

Maturity _____	Cooperates w/ peers _____	Appearance _____
Communication Skills _____	Leadership Ability _____	Punctuality _____
Initiative _____	Enthusiasm _____	Takes Direction Well _____

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

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

Signature _____ Email or phone # _____ Date _____



It is the policy of the Rockland County Department of Personnel to provide accommodations in testing to individuals with disabilities and to religious observers and to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination based on age, race/color, creed, religion, national origin, gender, sexual orientation, disability, marital/familial status, military status, criminal record and additional protections under federal, state and local law, policies and regulations.

APPLICATION FOR EXAMINATION OR EMPLOYMENT

for County Departments, Towns, Villages, School Districts, Libraries and Special Districts

I
N
S
T
R
U
C
T
I
O
N
S

This application is part of the selection process for a civil service examination or a non-examination employment opportunity with a County department or local jurisdiction. If you fail to answer all questions completely and accurately, your application may not be approved. A separate application must be submitted for each examination or non-examination employment opportunity for which you are applying.

***General information about applying for examinations, submitting an application for employment, as well as supplemental forms are available at <http://rocklandgov.com/departments/personnel/> (designated by an asterisk * throughout this application).**

EXAMINATION APPLICATION:

- Before completing this application, carefully read the exam announcement to ensure you understand the required minimum qualifications. You may apply online at <https://mycivilservice.rocklandgov.com/exams/> or by completing this fillable application, which should be mailed along with the application filing fee to the **Rockland County Department of Personnel, 50 Sanatorium Road, Building A, Pomona, NY 10970.**
- Application Filing Fee:** The exam announcement lists the required Application Filing Fee, which must be submitted with each application and received by the LAST DATE AND TIME FOR FILING listed on the announcement. Fees may be paid by Paypal, credit card, check or money order (payable to the Rockland County Commissioner of Finance and must include the examination number and the last four digits of your social security number). **Fees are not refundable.** Cash is not accepted. See **Application Fee Filing Information***. For applicants who qualify, please review the **Application for Fee Waiver***.

NOTICE: You should receive your admission notice one week preceding the examination date via email. If you do not receive it by the Thursday preceding the examination date, it is your responsibility to contact the Rockland County Department of Personnel by email at RCExams@co.rockland.ny.us or by calling 845-364-3737.

NON-EXAMINATION EMPLOYMENT OPPORTUNITY:

Before completing this application, carefully read the job specification for the title to ensure you understand the required minimum qualifications; job specifications are available at <https://mycivilservice.rocklandgov.com/default/jobs/>. You may apply by completing this fillable application, which should be returned to the Department or Agency with which you are applying.

Notify this office IMMEDIATELY of any change to your contact information by completing a Name/Address Change Form*.

❖ **1A. EXAMINATION APPLICATION**

- OR -

❖ **1B. NON-EXAMINATION EMPLOYMENT OPPORTUNITY**

Title	Title
Exam Number	Department/Agency

❖ **2. NAME AND LEGAL RESIDENCE**

First Name _____ Middle Initial _____ Last Name _____
 Number and Street Address _____ City _____ State _____ ZIP _____

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

	Years	Mos
3A. State of _____		
3B. County of _____		
3C. Town of _____		
3D. Village of _____		
3E. School District _____		

*All of the above must be completed.
However, skip 3C, 3D, 3E, if legal residence is outside of Rockland County.*

❖ **4. SOCIAL SECURITY NUMBER**

-

 -

*If you are under 18 years old or applying for a law enforcement position, fill in your **Date of Birth** _____
MM/DD/YYYY*

Phone Number _____

Email Address _____

YES, enroll me in email notifications from RC Dept. of Personnel regarding future examination announcements and/or job opportunities in Rockland County. I understand that if I am a provisional appointee, it is my responsibility to monitor exam announcements and apply for my position's examination when it is announced.

❖ **5. Check the appropriate box below if you require SPECIAL TESTING ARRANGEMENTS/REASONABLE ACCOMMODATIONS for testing.**

- 5A. Religious observance. **Request for Religious Accommodation Form*** must be submitted.
- 5B. Disability - (e.g., Braille booklet, Amanuensis, Reader). **Request for Accommodation Form*** must be submitted.
- 5C. Active Military member – provide current orders and/or DD214. **Request for Alternate Examination Date Form*** must be submitted.
- 5D. Filing for examinations with other civil service jurisdictions being held on the same date. **Cross-File Form*** must be submitted.

❖ **6. Check the appropriate answer to each question**

6A. Are you a United States Citizen?
(US Citizenship is **not** a requirement for employment except for public officer positions.)

YES NO (If YES, skip to question 6C)

6B. If **NO** to 6A, do you have the legal right to accept employment in the US?

YES NO

If YES, provide your ALIEN Registration Number _____

6C. Are you a retiree from New York State or any civil division thereof?

YES NO

6D. Are you an Exempt Volunteer Firefighter as defined in NYS General Municipal Law Section 200?

YES NO

6E. Are you a child or a sibling of a firefighter, police officer, emergency medical technician or paramedic killed in the line of duty?
(In accordance with Section 85-a of the NY State Civil Service Law)
(Provide necessary documentation for verification)

YES NO

V
E
T
E
R
A
N
S

C
R
E
D
I
T
S

If you are making a claim for veterans credits with this application, please read **Information on Veterans Credits***, which details eligibility requirements.

In general, you must present documentary proof (DD214 Discharge Papers and Separation Documents) to our department prior to the establishment of the eligible list and you must meet the following criteria:

1. A citizen or an alien lawfully admitted for permanent residence (at the time of application for credits).
2. Served anywhere in the United States Armed Forces (see definition 3 below) as ordered by the federal government.
3. Expect to receive or have been honorably discharged or released under honorable circumstances from the Armed Forces of the United States; or received an other-than-honorable discharge or a general under honorable conditions discharge due to sexual orientation, gender identity, service-related post-traumatic stress disorder, traumatic brain injury, or mental health condition linked to military sexual trauma seeking benefits afforded through New York State law and are in possession of a letter from the Division of Veterans Services restoring access to such benefits.
ARMED FORCES are defined as the Army, Navy, Air Force, Marines, Coast Guard, and all components thereof and the National Guard when in service for the United States pursuant to call as provided by law, "on a full-time duty basis other than active-duty training purposes".
4. Resident of New York State at the time of application and examination to claim veterans credit.

❖ **7. EXTRA CREDIT FOR VETERANS**

(If you are not eligible or do not wish to claim veteran credits, skip to question 8.)

7A. Are you currently active in the military?
(Proof of current service must be submitted)

YES NO

What was your date of entry? _____

What is your expected date of separation? _____

7B. I expect to receive or have already received a discharge which was honorable or I was released under honorable circumstances from the Armed Forces of the United States and I otherwise meet the criteria set forth above.

YES NO

7C. I have used veteran credits for appointment to a position in New York State or Local government.

YES NO

7D. I wish to claim additional credits as a **NON-DISABLED** veteran.
(DD214 must be submitted with application)

YES NO

I wish to claim additional credits as a **DISABLED** veteran.
(DD214 and Disability Documentation must be submitted with application)

YES NO

❖ **8. Check appropriate answer to each question**

8A. Were you ever dismissed or discharged from any employment for any reasons other than lack of work or funds, disability or medical condition?

YES NO

8B. Did you ever resign from any employment to avoid dismissal?

YES NO

8C. Did you ever receive a discharge from the Armed Forces of the United States which was "other than honorable" or which was issued under "other than honorable" circumstances?

YES NO

8D. Have you ever been convicted of any crime (felony or misdemeanor)?
If YES, submit a **Summary of Disposition/Certificate of Relief**.

YES NO

8E. Are you now under charges for any crime?

YES NO

A "YES" response to questions 8A – 8E does not represent an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

If you answered "YES" to questions 8A – 8C, you *may* give specifics below. If you elect not to provide or if such explanation is insufficient, a **Confidential Investigation Questionnaire will be forwarded to you under separate cover for your completion.**

Check HERE if you have provided this information previously with another application and there are no new occurrences or related information to report.

Date of last incident _____

EXPLANATION (Include details such as dates, locations, circumstances and disposition, if applicable): _____

EDUCATION AND TRAINING

For questions 9-10, make certain you answer all questions which pertain to requirements listed on the announcement for the examination for which you are applying, or set forth in the job specification for the position applied for. If in doubt, answer all questions.

❖ **9. EDUCATION:** PLEASE INSTRUCT YOUR INSTITUTION TO EMAIL OR FORWARD SEALED OFFICIAL TRANSCRIPTS DIRECTLY TO OUR OFFICE. (Unsealed student copies or unofficial copies submitted by mail or email will not be accepted.)

Do you have a High School Diploma? YES NO If "YES", year graduated _____ If "NO", give highest grade completed _____

Name/Location of High School attended _____

Or a High School Equivalency (GED) Diploma? YES NO

If "YES", provide date received _____ and Issuing Governmental Authority Document Number _____

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOLS

Name of School and Location	Attended Dates (Month/Year) from MM/YYYY to MM/YYYY	Did You Graduate? Y/N	Course of Study or Major Subject	Type of Degree Received	# of College Credits Received	Date Degree Received or Expected

OTHER SCHOOLS OR SPECIAL COURSES

If you have foreign educational credentials, they must be evaluated. See General Information Concerning Evaluation of Foreign Education and Training*.

Official transcripts previously filed YES NO Name of the institution _____

❖ **10. LICENSES, CERTIFICATES, OR PERMITS** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the examination announcement or job specification for the position for which you are applying, complete the following and **attach a copy of the document.** If not licensed, do you have a temporary permit? YES NO

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

Do you have a valid license to operate a motor vehicle in New York State? YES NO Class _____ Date License First Issued _____

Have you ever been employed by the County of Rockland or by any civil division therein? YES NO

Agency Name _____ Dates of Employment _____

❖ **11. DESCRIPTION OF EXPERIENCE.** ALL SECTIONS MUST BE FILLED OUT COMPLETELY; A RESUME IS NOT A SUBSTITUTE FOR A BLANK FIELD

Carefully read the minimum qualifications for the examination/employment opportunity for which you are applying. Fees will not be refunded if you do not meet established qualifications. List below all relevant work experience. Be specific in describing your experience relating to the minimum qualifications of the examination or non-examination employment opportunity for which you are applying. Begin with your most recent employment. You are responsible for submitting an accurate and clear description of your experience. Omissions or vagueness will not be interpreted in your favor. Include military service experience when appropriate. Verified and documented volunteer (unpaid) experience will only be credited when specifically allowed by the job description or examination announcement. **Volunteer Experience Form* must be submitted to claim that experience.** 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 additional information on an electronic document/additional copies of page 4.

Length of Employment	Company/Type of Business	Address	City and State
From: Mo. _____ Yr. _____	Provide a detailed description of your job duties.		
To: Mo. _____ Yr. _____			
Your Exact Title			
Supervisor's Name			
Supervisor's Title			
Supervisor's Contact Number			
Hours worked per week (excluding overtime)			

Length of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Company/Type of Business _____ _____ _____	Address _____ _____ _____	City and State _____
Your Exact Title _____ _____ _____	Provide a detailed description of your job duties. _____ _____ _____		
Supervisor's Name _____			
Supervisor's Title _____			
Supervisor's Contact Number _____			
Hours worked per week (excluding overtime) _____			
Length of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Company/Type of Business _____ _____ _____	Address _____ _____ _____	City and State _____
Your Exact Title _____ _____ _____	Provide a detailed description of your job duties. _____ _____ _____		
Supervisor's Name _____			
Supervisor's Title _____			
Supervisor's Contact Number _____			
Hours worked per week (excluding overtime) _____			
Length of Employment From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____	Company/Type of Business _____ _____ _____	Address _____ _____ _____	City and State _____
Your Exact Title _____ _____ _____	Provide a detailed description of your job duties. _____ _____ _____		
Supervisor's Name _____			
Supervisor's Title _____			
Supervisor's Contact Number _____			
Hours worked per week (excluding overtime) _____			
Have you answered all questions? An incomplete application may be disapproved.			

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED

Applicants are advised that all **information provided** by them in connection with their application for examination/employment is subject to investigation and verification, including a background investigation by the prospective appointing authority.

By my signature below, I hereby authorize the Rockland County Department of Personnel, the County of Rockland, and/or its respective Departments, Offices or Agencies to request records or verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me and/or records related to this application whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records. I further release the Rockland County Department of Personnel, the County of Rockland, and/or its respective Departments, Offices or Agencies, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand the "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of the Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached documents) are true under the penalties of perjury.

Signature of Applicant
Name typed above is considered an Official Signature

Print Name

Date

State any other name by which you have been known

--	--	--	--	--	--	--	--	--	--

 -

--	--

 -

--	--	--	--	--	--

Social Security Number

How did you hear of this examination/non-examination employment opportunity?