

*Town of Olive
Recreation Department
P.O. Box 284
Shokan, New York 12481*

Application for Seasonal Employment

Date of application: _____

Position Desired: (circle) **Day Camp Counselor / Lifeguard**

Name: _____

Street
Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Social Security Number: _____

Do you reside in the Town of Olive ? Y or N *Note, counselor positions are for Olive residents only

Will you be 15 years of age by July 1st ? Y or N

Do you have N.Y. State working papers ? Y or N {If yes, attach a photocopy}

Can you work on weekends ? Y or N {Lifeguards only}

Do you possess any certifications ? {i.e. CPR, Life guarding, WSI etc.} If yes, please specify

Please note if you have any previous experience for the position you are applying for ?

Previous Work History:

Company Name	Dates employed To/ From	Reason for Leaving

Education:

Are you currently attending school ? Y or N

What grade have you recently completed ? _____

If you are a college student or going to be a college student, when do you need to return back to school ?

{Counselor applicant} Are you able to work from July 1st to August 15th ? Y or N

{Lifeguard applicant} Are you available to work from June 15th through Sept 1st ? Y or N

If no, specify dates not available to work;

References: Please list at least {3} personal references that can be contacted.

Name	Address	Phone #	Relationship
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Have you ever been convicted for a criminal offense ? Y or N If yes, explain charges

I certify that the information I have given on this employment application is true and complete to the best of my knowledge and I understand that any misrepresentation, falsification or omission of information may result in a refusal to hire.

If selected for the position I have applied for I understand that a criminal background check will be conducted as mandated by NYS Board of Health Camp Division.

(print name)

(signature)

(Date)