

2020 EMPLOYMENT APPLICATION FOR CAMP HILLARD
BOX 1226
SCARSDALE, NEW YORK 10583
Phone: (914) 949-8857; Fax: (914) 949-5843
E-Mail: staff@camphillard.com

Please fill out this application and mail to the above address, or by fax or E-Mail. A PERSONAL INTERVIEW IS REQUIRED.

COUNSELOR POSITION APPLIED FOR: _____
(General or Specialty: if specialty, please specify)

PERSONAL INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MALE __ FEMALE __

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ AGE AS OF THIS JULY 1 (check one): _____ under 18

EMAIL ADDRESS: _____ 18 - 20

SCHOOL NAME & ADDRESS: _____ 21 or over

EDUCATIONAL BACKGROUND (Please list most recent first and work backward):

<u>COLLEGES ATTENDED OR ATTENDING</u>	<u>PRESENT CLASS</u>	<u>YEAR OF GRADUATION</u>	<u>DEGREE</u>
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_____	_____	_____	_____
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MAJOR COURSE OF STUDY: _____ MINOR: _____

COLLEGIATE EXTRA - CURRICULAR ACTIVITIES: _____

<u>HIGH SCHOOL ATTENDED OR ATTENDING</u>	<u>PRESENT CLASS</u>	<u>YEAR OF GRADUATION</u>
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_____	_____	_____
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HIGH SCHOOL EXTRA-CURRICULAR ACTIVITIES: _____

IF HIGH SCHOOL SENIOR, WHAT ARE YOUR PLANS FOR THE FALL? _____

WORK EXPERIENCE: (Start with current, or most recent job, and work in reverse order):

Summer Employment: (related or unrelated to camp)

<u>POSITION</u>	<u>NAME OF ORGANIZATION</u>	<u>YEAR</u>	<u>SALARY</u>	<u>CITY & PHONE</u>
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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Winter Employment (full time or part time)

_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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PLEASE TURN OVER

CAMPER EXPERIENCE:

<u>CAMPS ATTENDED</u>	<u>YEAR(S)</u>	<u>AGE(S)</u>	<u>FAVORITE ACTIVITIES</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SWIM INFORMATION AND CERTIFICATIONS:

SWIMMING ABILITY (check one): ☐ NON-SWIMMER ☐ FAIR ☐ GOOD ☐ SUPERIOR

Please check below any American Red Cross certifications you currently hold, along with expiration dates:

☐ CPRPRO Exp. Date _____

☐ RESPONDING TO EMERGENCIES Exp. Date _____

☐ LIFEGUARD TRAINING Exp. Date _____

☐ WATER SAFETY INSTRUCTOR Exp. Date _____

☐ OTHERS (please specify) _____

MISCELLANEOUS INFORMATION:

Check any of the following you would be interested in (Extra Salary):

☐ BUS OR VAN COUNSELOR ☐ DRIVING A CAMP VEHICLE (Must be 23 years old or older)

☐ PARKING/TRAFFIC CONTROL

☐ SWIMMING POOL VACUUMING & MAINTENANCE (7:30-8:50 a.m. daily):

☐ SPRING MAINTENANCE ☐ SPRING ADMINISTRATIVE WORK

Check off below those sports/activities in which you have significant experience and feel you would be able to organize and teach:

<input type="checkbox"/> ARCHERY	<input type="checkbox"/> HOCKEY	<input type="checkbox"/> PHOTOGRAPHY
<input type="checkbox"/> ARTS & CRAFTS	<input type="checkbox"/> HORSEBACK	<input type="checkbox"/> ROCKETRY
<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> JEWELRYMAKING	<input type="checkbox"/> SOCCER
<input type="checkbox"/> CERAMICS	<input type="checkbox"/> LACROSSE	<input type="checkbox"/> SOFTBALL
<input type="checkbox"/> CHESS	<input type="checkbox"/> MUSIC Specify	<input type="checkbox"/> THEATER
<input type="checkbox"/> DANCE	Instrument _____	<input type="checkbox"/> TENNIS
<input type="checkbox"/> GOLF	<input type="checkbox"/> NATURE STUDY	<input type="checkbox"/> ZIP LINE/
<input type="checkbox"/> GYMNASTICS	<input type="checkbox"/> NEWSPAPER	

If you have worked with children before, what age groups have you worked with?

Please use the space below to tell us of any other qualifications you have working with young children. (Attach extra sheet if necessary) _____

DO YOU REQUIRE TRANSPORTATION TO CAMP? ☐ YES ☐ NO

HOW DID YOU HEAR OF THIS JOB? _____

REFERENCES: Please list 3 references - preferably at least one person who employed you, and a school reference (advisor, guidance counselor, teacher, coach, etc.). No more than 1 personal reference. **No reference should be related to you.**

<u>NAME OF REFERENCE</u>	<u>PHONE</u>	<u>EMAIL</u>	<u>TITLE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

DATE OF INTERVIEW: _____ INTERVIEWER: _____

COMMENTS: _____

POSITION OFFERED: _____

SALARY: _____