

SALTAIRE DAY CAMP
APPLICATION FOR EMPLOYMENT/CIT APPLICATION

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

Date: _____

Soc. Sec. # _____ - _____ - _____

Name (Last, First) _____

Birth date: _____

Perm. Address _____

Phone: _____

Saltaire Address _____

Phone: _____

SPECIAL PURPOSE QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX PRECEDING THE QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT _____ ft. _____ in. WEIGHT _____ lbs US CITIZEN ____yes ____no

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ____yes ____no

Do you have any physical limitations that prohibit you
 from performing any work for which you are being considered? ____yes ____no

Please Describe _____

Have you worked in the Saltaire Day Camp in the past? ____yes ____no If so, what years? _____

Have you worked as a counselor for another Camp? ____yes ____no If so, which Camp? _____

PLEASE MARK THE WEEKS THAT YOU CAN WORK IN THE CAMP PROGRAM.

- | | | | |
|--------------------------|--------------|--------------------------|-----------------|
| <input type="checkbox"/> | JULY 1 - 4 | <input type="checkbox"/> | JULY 28 - AUG 1 |
| <input type="checkbox"/> | JULY 7 - 11 | <input type="checkbox"/> | AUG 4 - 8 |
| <input type="checkbox"/> | JULY 14 - 18 | <input type="checkbox"/> | AUG 11 - 15 |
| <input type="checkbox"/> | JULY 21 - 25 | <input type="checkbox"/> | AUG 18 - 22 |
| <input type="checkbox"/> | | <input type="checkbox"/> | Aug 25 - 26* |

Please Check if you are applying for a Counselor in Training (CIT) position.
If so, a copy of your birth certificate must be submitted with your application.

* This week will not necessarily count toward your minimum week commitment.

On a separate sheet of paper, please write a brief summary on why you want to be a counselor or CIT in the Saltaire Camp. Also indicate your preference for age group assignment, (4 -5, 6-8, 9-seniors.) Although your preference is no guarantee of assignment, this will help us in making assignments.

VILLAGE OF SALTAIRE
P.O. BOX 5551, BAYSHORE, NEW YORK 11706