

# Camp Morty

## Application for Summer Employment 2009

EARLY RETURN OF THIS APPLICATION IS SUGGESTED.

The minimum age for employment is 18.

Complete both sides of this application and return to: **Camp Morty (Winter Office)**  
**25 Moore Avenue 2<sup>nd</sup> Floor**  
**(Attention: HUMAN RESOURCES) Mt. Kisco, NY 10549**

### Personal Information

Last			First			Middle			Social Security #		
Name:			/			/			/		
No.			Street			City			State		
Address:			Zip			Tel. # ( )			Cell # ( )		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you a Westchester County Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				E-mail address			
If not, age? _____				Minimum age for hire: 18 (CIT16)				_____			

### Education

	Name & Location	Attendance Dates	Course or Major	Date Degree Received/Expected
High School				
College or Business School				
Graduate or Professional School				

Certificates or Special Training:

### Employment History

(Last 5 Years)

Name & Location Of Employer	From Mo./Yr.	To Mo./Yr.	Kind Of Work Or Position	Salary	Reason For Leaving

Have you worked for Westchester County Government before?  Yes  No Which Department: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

In addition to English, are you fluent in any other language?  Yes  No If yes, specify: \_\_\_\_\_

What form of transportation will you be using to and from Work (if applicable) ?  Auto  Bus  Train

Dates available to work: from \_\_\_\_\_ to \_\_\_\_\_  
 Mo./Day Mo./Day

Do you have a Driver's License?  
 Yes  No Type: \_\_\_\_\_

Position applied for: \_\_\_\_\_  
(choose from camp counselor, specialist staff {sports, music/drama, etc.) lifeguard

Please list any skills or previous experience relevant to the position you are applying for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Availability**

**Staff must report to Mountain Lakes on Sunday, June 28, 2009 by 6:00 p.m. EST. Orientation begins at 8 a.m. on June 29 staff must be available for the entire length of the camp session which ends on Wednesday, August 19, 2009. Please make any inquiries to Jeff Main (914) 864-7051 jmm0@westchestergov.com**

Where did you hear about this program/job? \_\_\_\_\_

Comments: \_\_\_\_\_

- |   |     |     |    |     |
|---|-----|-----|----|-----|
| 1. WERE YOU EVER DISMISSED OR DISCHARGED FROM ANY EMPLOYMENT FOR REASONS OTHER THAN LACK OF WORK OR FUNDS?  | YES | ___ | NO | ___ |
| 2. DID YOU EVER RESIGN FROM ANY EMPLOYMENT RATHER THAN FACE DISMISSAL?  | YES | ___ | NO | ___ |
| 3. DID YOU EVER RECEIVE A DISCHARGE FROM THE ARMED FORCES OF THE US WHICH WAS OTHER THAN HONORABLE, OR WHICH WAS ISSUED FOR OTHER THAN HONORABLE CIRCUMSTANCES? | YES | ___ | NO | ___ |
| 4. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (FELONY, MISDEMEANOR OR VIOLATIONS INCLUDING TRAFFIC INFRACTIONS)?   | YES | ___ | NO | ___ |
| 5. HAVE YOU EVER FORFEITED A BAIL BOND POSTED TO ANSWER ANY CRIMINAL CHARGE (FELONY, MISDEMEANOR OR VIOLATION, INCLUDING TRAFFIC INFRACTIONS)?                  | YES | ___ | NO | ___ |
| 6. ARE YOU NOW UNDER CHARGES FOR ANY CRIME (FELONY, MISDEMEANOR OR VIOLATION INCLUDING TRAFFIC INFRACTIONS)?  | YES | ___ | NO | ___ |

**IF YOU ANSWERED "YES" TO ANY QUESTIONS ABOVE, YOU MUST GIVE SPECIFICS. ATTACH ADDITIONAL 8 1/2 X 11 SHEET.**

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION AND CRIMINAL RECORDS CHECK.**

**THIS AFFIRMATION MUST BE COMPLETED:** I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. (Applicants are advised that all statements made by them in connection with their application(s) for employment are subject to investigation and verification.) This application may be used for review by the prospective appointing authority as part of a background investigation.

**PURSUANT TO 210.45 OF THE NEW YORK STATE PENAL LAW, IT IS  
A CRIME PUNISHABLE AS A CLASS "A" MISDEMEANOR TO  
KNOWINGLY MAKE A FALSE STATEMENT HEREIN.**

**DATE:** \_\_\_\_\_ **APPLICANT'S SIGNATURE:** \_\_\_\_\_

**IF UNDER AGE 18, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED**

"I have read my child's / ward's completed application form and hereby give my permission for him/her to be hired by Westchester County for the purpose of Seasonal Employment and I further give my permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Westchester County Department of Human Resources, and upon receipt by the Dept. of Human Resources of said revocation my child's / ward's employment shall be terminated".

By my signature below, I hereby give my permission for \_\_\_\_\_ to submit to any and all forms of drug testing (such as urinalysis, breath, and/or blood testing) as a condition of Seasonal Employment with Westchester County in accordance with Westchester County's Comprehensive Drug-Free Workplace Policy & Procedures.

**DATE:** \_\_\_\_\_ **SIGNATURE of PARENT or GUARDIAN:** \_\_\_\_\_