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Photo
 1.5" X 1.5"

PLEASE
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STAFF APPLICATION

Summer Session 2008
 June 30th – August 19th

APPLICATION FOR _____ SOCIAL SECURITY # _____
 (Position)

NAME _____ AGE _____ DATE OF BIRTH ____ / ____ / ____
 (Last) (First)

HOME ADDRESS _____ HOME PHONE _____

PRESENT ADDRESS _____ TELEPHONE _____
 (If different than above)

E-MAIL ADDRESS _____ CELL PHONE _____

FAX # _____ MARITAL STATUS _____ CHILDREN'S AGES (if applicable) _____

EDUCATION		
SCHOOL	CURRENT GRADE/STATUS	DEGREE / DISTINCTIONS
HIGH SCHOOL _____	_____	_____
COLLEGE _____	_____	_____

EMPLOYMENT			
POSITION	DESCRIPTION OF WORK	EMPLOYER: NAME & ADDRESS	DATES
_____	_____	_____	_____
_____	_____	_____	_____

SUMMER WORK EXPERIENCE					
NAME OF EMPLOYER	POSITION	AGE GROUP	YEAR	SALARY	TELEPHONE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CERTIFICATION

Indicate any certifications you may have and their expiration dates (swim staff must have CPR, LGT and Nassau certification). Please submit copies of your certificates with application.

Indicate any skill you are trained to certify:

SPECIAL SKILLS

Place a 1 after activities you can teach; a 2 after those you can assist in teaching; and 3 after those in which you have participated:

ARTS AND CRAFTS

Ceramics _____
 Needlecraft _____
 Painting _____
 Woodcraft _____

ATHLETICS

Basketball _____
 Bowling _____
 Football _____
 Golf _____
 Hockey _____
 Gymnastics _____
 Karate _____
 Soccer _____
 Softball _____
 Tennis _____
 Track & Field _____
 Volleyball _____

DRAMATICS

Acting _____
 Choreography _____
 Costuming _____
 Directing _____
 Set Design _____
 Staging _____

DANCE

Aerobics _____
 Israeli _____
 Modern _____

MUSIC

Instrument - Specify _____
 Singing _____

MISCELLANEOUS

Computer Skills _____
 Nature _____
 Newspaper _____ (edit & write)
 Photography _____
 Videotaping _____

REFERENCES

List people who can confirm your experience, abilities and attest to your character. Please also submit two letters of recommendation with your application. (These may be mailed under separate cover.) DO NOT USE RELATIVES OR FRIENDS.

NAME	TELEPHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which age/grade level would you prefer working with: _____
First Choice Second Choice

Do you have a campus preference? Woodmere _____ Long Beach _____ No Preference _____

Do you have a desired minimum salary? If so, please indicate: _____

Please circle your T-shirt size: SM MED LG XLG

Will you require bus transportation? (Yes or No) _____ Would you be interested in being a Bus Leader? (Yes or No) _____

When are you most conveniently available for an interview? _____

Please attach a brief biographical sketch detailing relevant experiences - i.e. as a camper, working with children etc.

Be sure that all items are completed - Interview appointments will not be arranged otherwise.

DATE _____ APPLICANT'S SIGNATURE _____

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 FOR OFFICE USE ONLY

Date Interviewed _____ By _____

Remarks _____

Position _____ Salary _____ Contract Given _____ Returned _____