

Jack Tarzik, Director
 132 Spruce Street
 Cedarhurst, NY 11516
 Tel: (516) 791-8200 Ext. 120
 Fax: (516) 791-8989
 Email: Avnet@HALB.org



PHOTO

PLEASE
ATTACH
RECENT
PHOTO HERE

STAFF APPLICATION

Summer Session 2010

(check off session you are applying for)

- Full Session** : June 28th – August 19th
- 1st Session**: June 28th – July 23rd
- 2nd Session**: July 26th – August 19th

APPLICATION FOR _____ SOCIAL SECURITY # _____
 (Position)

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

HOME ADDRESS _____ TELEPHONE _____

SUMMER 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 and Phone #	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:
