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Photo
 1.5" X 1.5"

PLEASE
 ATTACH
 RECENT
 PHOTO HERE

STAFF APPLICATION

Summer Season 2012

(check off session you are applying for)

- Full Session: June 28th – August 22nd
 1st Session: June 28th – July 25th
 2nd Session: July 26th – August 22nd

APPLICATION FOR _____
 (Position)

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

HOME ADDRESS _____ HOME PHONE _____
 House number Street City State Zip Code

SUMMER ADDRESS _____ TELEPHONE _____
 (If different than above)

E-MAIL ADDRESS _____ CELL PHONE _____

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

EDUCATION

SCHOOLS ATTENDED	CURRENT GRADE/STATUS	DEGREE / DISTINCTIONS
ELEMENTARY SCHOOL _____	_____	_____
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-PRO, 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 _____

MISCELLANEOUS

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

MUSIC

Instrument – Specify _____
 Singing _____

REFERENCES (AVNET returnees from 2011 are exempt)

List people who can confirm your experience, abilities and attest to your character. **DO NOT USE RELATIVES, NEIGHBORS, PERSONAL FRIENDS OR FAMILY 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: Adult: 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 _____

FOR OFFICE USE ONLY

Date Interviewed _____ By _____

Remarks _____

Position _____ Salary _____ Contract Given _____ Returned _____