



**JCC Rockland**  
 450 West Nyack Road  
 West Nyack, NY 10994  
 jccrockland.org  
 camps@jccrockland.org

## EMPLOYMENT APPLICATION

Name \_\_\_\_\_ Grade Entering 9/18 \_\_\_\_\_

Email Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Permanent Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Positions you are interested in:**  Head Counselor (20+)  General Counselor (18+)  
 Jr. Counselor (16+ or entering 11th grade)  Aquatic/Lifeguard  Porter  Leadership  
 Specialist (please specify specialty area) \_\_\_\_\_

**What age group do you prefer working with?**  18 months-2.5 years  3-5 Years  Grades K-2  
 Grades 3-5  Grades 6-8  Grades 9-10

**Have you ever been arrested and/or convicted of a child abuse, neglect or sexual abuse crime?**  
 Yes  No  
 If yes, please explain \_\_\_\_\_

**Have you ever been convicted of a felony?** (Please note that an affirmative response will not necessarily disqualify you from the position)  Yes  No  
 If yes, please explain \_\_\_\_\_

**Have you ever been dismissed or asked to resign from a position of employment?**  Yes  No  
 If yes, please explain \_\_\_\_\_

**Have you been employed by JCC Rockland, applied for a position previously or worked for a camp partnership agency/organization?**  Yes  No  
 If yes, what agency/organization:  JCC Rockland  RBI Sports  92nd Street Y  
 (please include what position and dates) \_\_\_\_\_

**Are you a citizen of the United States?**  Yes  No  
 If no, are you authorized to work in the US?  Yes  No

**If you are under 18 can you furnish working papers if requested?**  Yes  No

## EDUCATION

YEARS	SCHOOL	MAJOR SUBJECTS	DEGREE GRANTED	HONORS/AWARDS

## PAST EMPLOYMENT

(Provide a full record of employment and explain any gaps in employment. Use a separate sheet, if necessary.)

Dates	Employer	Address/Phone	Nature of Work	Supervisor	Reason for Leaving

Please indicate any employer you do not wish us to contact and reason \_\_\_\_\_

## CAMP EXPERIENCE

Dates	Camp Name	Address/Phone	Director	Camper or Staff

## CERTIFICATION (Please list expiration dates.)

Standard First Aid	CPR/AED	Life Guard Training (LGT)	Water Safety Instructor (WD)
AED	EMT/RTE	RN/LPN	Archery/Ropes

## TEACHING AND INSTRUCTIONAL SKILLS

Please check if you can teach and instruct the following:

### Performing Arts

\_\_ Theatre/Improvisation

\_\_ Dance

\_\_ Storytelling

### Music

\_\_ Song leading

\_\_ Do you play an instrument?

If yes, what instrument? \_\_\_\_\_

### Outdoor Skills

\_\_ Archery

\_\_ Nature Programming

\_\_ Ropes Course (certification required)

\_\_ Camping/Fire Building/Survival

### Art & Crafts

\_\_ Ceramics

### Aquatics (certification required)

\_\_ Lifeguard

### Other

\_\_ Sports

\_\_ Photography

\_\_ Cooking/Baking

**I am available to work the full camp season** - June 25-August 17, M-F 8:30am-4:30pm plus training and set-up dates and times during the weeks of June 11-22  Yes  No

If no, please explain \_\_\_\_\_

How did you hear about JCC Rockland Camps? \_\_\_\_\_

**AUTHORIZE FOR BACKGROUND INVESTIGATION**

I authorize the JCC Rockland, or any of its agents, to make written or oral inquiries of any of my former employers, references, doctors, or any school or educational institutions which I attended, or any law enforcement authorities or agencies, or hospitals, concerning any information given by me in my application of employment. I give permission for the JCC Rockland to complete any background investigation required for employment. I certify that the information contained on the application, which I have completed is correct, to the best of my knowledge. I understand that deliberate falsification of this information will be grounds for dismissal. I release all parties from all liability for any damages that may result from furnishing this information to you.

**VERACITY OF APPLICATION**

I certify, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that misrepresentation or omission of facts in this application may lead to my discharge, if employed. I also understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any express or implied contract, and is at-will.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**Please return all applications to:**

Carrie Sakin  
Director of Camping Services