



Applications must be received in the Recreation Office by 1:00 pm on Wednesday, March 31, 2021

However, candidates with applications submitted prior to the deadline may be interviewed and hired prior to the deadline resulting in positions being filled before the deadline.

- Camp Saradac Candidates will be contacted in April
- Positions are not guaranteed
- A background check will be conducted prior to employment
- You must be at least 16 years of age by June 1st. No exceptions

Summer Camp Dates

Monday, June 28 – Friday, August 20

Please do not apply if you need extended time off!

Applicants must be available for all staff trainings:

- Tuesday, June 22nd and Wednesday, June 23rd 4-8pm Staff Training @ Rec. Center
- You will be placed in a mandatory CPR/First Aid class upon your hiring, if needed

Applicant Skills Information:

The following rating scale will give us a better insight on how we can best utilize your skill

1 – Very Familiar with activity; is able to teach activity

2 – Have heard about activity; is able to teach activity

3 – Not very familiar with activity; cannot teach activity

Sports

- ___ Baseball
- ___ Basketball
- ___ Soccer
- ___ Softball
- ___ Tennis
- ___ Volleyball
- ___ Other _____

Creative Arts

- ___ Crafts
- ___ Drawing
- ___ Painting
- ___ Paper Mache
- ___ Sculptures
- ___ Writing
- ___ Other _____

Performing Arts

- ___ Acting
- ___ Directing
- ___ Magic
- ___ Dance
- ___ Musical Instrument
- ___ Singing
- ___ Other _____

Please answer the following questions: (include additional sheet if necessary)

- 1) Why do you want to work for Camp Saradac?
- 2) Personal strengths I anticipate utilizing at camp
- 3) Describe your experiences working with children?
- 4) We realize that a written application does not tell your “whole story.” Please write a short biography providing experiences you consider relevant for this employment opportunity.



APPLICATION FOR EXAMINATION and/or EMPLOYMENT

The City of Saratoga Springs Civil Service Commission

474 Broadway

Saratoga Springs, NY 12866-2366

(518) 587-3550 ext. 2602 www.saratoga-springs.org

civilservice@saratoga-springs.org

The City of Saratoga Springs is an Equal Opportunity Employer. The City does not unlawfully discriminate in employment because of age, race, religion, creed, color, national origin, sex, sexual orientation, disability, marital status, arrest and/or criminal conviction record unless based on a bona fide occupational qualification or other exception, genetic predisposition, or domestic violence victim status. Before you can be employed in any position, you will be required to produce documents that establish your identity and your eligibility to be employed in the United States.

This application will be part of your examination. Answer all questions fully. A resume, if submitted, cannot substitute for the application. You are encouraged to read the General Conditions and Instructions listed on the Examination Announcement for more information.

| | |
|--------------------------------------|----------------|
| Position Title Or ↓ | |
| Exam Title (If applicable) | Exam #: |

| | | | | | |
|------------------|--|-------------------|--|-----------|--|
| Last Name | | First Name | | MI | |
|------------------|--|-------------------|--|-----------|--|

| | | | |
|--|--------------|------------|-------------|
| Police Officer & Firefighter Candidates <u>Only</u> - Enter Date of Birth | Month | Day | Year |
| | | | |

| | | |
|--|------------|-----------|
| Are you 18 years of age or older? | Yes | No |
| | | |

ADDRESS

| | | | | | |
|--|-------------|--------------|-------------|------------|--|
| Street Address | | | | | |
| Mailing Address (if different) | | | | | |
| City, Town or Village | | State | | Zip | |
| Phone Number | Home | | Cell | | |
| Email | | | | | |
| Are you currently a permanent resident of New York State? | YES | | NO | | |

RESIDENCY REQUIREMENT

Candidates must meet the Residency Requirements as stated on the examination and vacancy announcement. You must complete the following to determine if you meet these Residency Requirements. ***If there is no Residency Requirement listed on the announcement, you do not have to complete this section.***

| Jurisdiction | Name of Jurisdiction | As of the date of this application, have you legally resided in this jurisdiction for one (1) month or more? | |
|---------------------|-----------------------------|---|---|
| | | YES or NO | If "No"- list the date you will meet this one-month residency requirement. |
| State | | | |
| Village/Town | | | |
| City | | | |
| County | | | |

| |
|---|
| How did you learn about this employment or civil service exam opportunity? |
| |

CIVIL SERVICE USE ONLY

| | | |
|----------------------------|---------------------------|--|
| Examination Fee _____ | Fee Waiver _____ | Veteran Credit Application and DD214 _____ |
| Application Approved _____ | Disapproved Because _____ | Conditional Approval, Pending _____ |
| Sent to Department _____ | Comments _____ | |

Special Testing Arrangements (Refer to General Conditions and Instructions listed on the Examination Announcement). If you need a special arrangement or accommodation to take the examination, check below and contact the Civil Service Office at (518) 587-3550 ext. 2602. **I need a special testing arrangements _____**

VETERANS CREDITS

(For civil service examinations only)

| If you wish to apply for Veterans Credits, complete the following and attach a copy of your DD Form 214 Member 4. (Refer to General Conditions and Instructions). If "No" SKIP this section. | Yes | No |
|--|-----|----|
| Have you ever served in the Armed Forces of the United States? <i>(The Armed Forces means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof and the National Guard when in the service of the US pursuant to call as provided by Law on a full-time active duty basis other than active duty for training purposes).</i> | | |
| Did you serve in the Armed Forces during any of the following periods: | | |
| February 28, 1961 – May 7, 1975 | | |
| August 2, 1990 – end of hostilities | | |
| *Lebanon: June 1, 1983 – December 1, 1987 | | |
| *Granada: October 23, 1983 – November 21, 1983 | | |
| *Panama: December 20, 1989 – January 31, 1990 | | |
| <i>*Credit for Lebanon, Grenada and Panama is limited to those who received the Armed Forces Expeditionary Medal, the Navy Expeditionary Medal, or the Marine Corps Expeditionary Medal.</i> | | |
| **Have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions? ** | | |
| Do you have a service connected disability rated at 10% or more by the U.S. Department of Veterans Affairs? This disability must have been incurred during a Time of War period listed above. | | |
| After you were permanently appointed using non-disabled veteran credits, were you subsequently certified as having a service connected disability rated at 10% or more by the Veterans Affairs Dept.? | | |
| Are you currently a resident of New York State? | | |

ADDITIONAL QUESTIONS

| | | | |
|--|-----|----|-------------------------|
| Have you <u>ever</u> been employed by the City of Saratoga Springs, the Saratoga Springs School District, Saratoga Springs Public Library or the Saratoga Springs Housing Authority. (This is asked so if you are hired, your previous personnel file and employment roster card can be re activated rather than duplicated) | Yes | No | If Yes, please explain: |
|--|-----|----|-------------------------|

| Check the appropriate box to the right of each question. | Yes | No |
|---|-----|----|
| a. Were you dismissed or discharged from any employment for reasons other than lack of work or funds or medical reasons? | | |
| b. Did you ever resign from any employment rather than face dismissal? | | |
| c. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under the other than honorable circumstances? | | |
| d. Have you ever been convicted of any crime (felony or misdemeanor)? | | |
| e. Are you now under charges for any crime? | | |

If you answered "Yes" to any of the above questions (a – e), you may give specifics under Remarks below. If you elect not to provide specifics or if such explanation is insufficient, you may be required to submit further information. **None of the above circumstances represents an automatic bar to employment. Each case is considered and evaluated on individual merits in relation to the position(s) for which you are applying. Failure to disclose a prior conviction may result in denial of employment or subsequent termination of employment based on falsification of the employment application.**

REMARKS: _____

DRIVERS LICENSE

Complete the following only if a license to operate a motor vehicle is required/preferred for the position that you are applying.

| | | | | |
|---|--|---|-----|----|
| State Issued <i>and</i> Class of Driver's License | | Is this Driver's License Currently Valid? | Yes | No |
|---|--|---|-----|----|

EDUCATION

| High School | | YES | NO |
|---|--|-----|----|
| Have you Graduated from High School or do you have possession of a High School Equivalency Diploma? | | | |
| If "Yes", City and State of High School: | | | |
| Equivalency Diploma Number: | | | |

| College, University, Professional or Technical School | | | | | | |
|---|------------------------------------|-----------------------|---------------------------------|-------------------|----|--|
| If educational requirements are part of the minimum qualifications stated on the announcement, and your qualifying education was received outside of the United States of America, you will be required to contact a <i>credential evaluation service</i> and submit their evaluation of your credits to civil service. | | | | | | |
| Name of School | Number of College Credits Received | Type of Degree Earned | Major Subject or Type of Course | Did You Graduate? | | Month/Year Degree Received or Expected |
| | | | | YES | NO | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| LICENSE OR CERTIFICATION | | | |
|--|--|------------------|----------------|
| Complete the following if a License, Certification or other authorization to practice a trade or profession is required or preferred on the vacancy announcement and/or examination announcement for which you are applying. | | | |
| Name of Trade or Profession: | | Specialty | |
| License Number: | | | |
| Granted by (Licensing Agency): | | City/State | |
| Date License First Issued: | | Registered From: | Registered To: |

EXPERIENCE

All sections must be filled out completely even if you attach a resume. Approval of your application is dependent upon the information provided on this application only. Begin with the most recent employment. List all employment or military service that shows that you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. Under *Description of Duties* clearly and in detail describe the nature of work which you personally performed. Verified and documented volunteer/internship experience will only be credited when specifically stated on the examination or vacancy announcement. You may attach additional sheets if you need more space.

| Length of Employment | Month AND Year | Employers Name: | |
|--|----------------|--------------------|-----------------------|
| From: | To: | Employers Address: | |
| Circle one: Paid or Intern or Volunteer | | | DESCRIPTION OF DUTIES |
| Your Exact Title | | | |
| Name of Your Supervisor | | | |
| Hours worked per week. (exclusive of overtime) | | | |
| Reason for Leaving | | | |

| | | | | | |
|---|--|-----------------------|--|-----------------------|--|
| Length of Employment | | Month <u>AND</u> Year | | Employers Name: | |
| From: | | To: | | Employers Address: | |
| Circle one: Paid or Intern or Volunteer | | | | DESCRIPTION OF DUTIES | |
| Your Exact Title | | | | | |
| Name of Your Supervisor | | | | | |
| Hours worked per week. (exclusive of overtime) | | | | | |
| Reason for Leaving | | | | | |

| | | | | | |
|---|--|-----------------------|--|-----------------------|--|
| Length of Employment | | Month <u>AND</u> Year | | Employers Name: | |
| From: | | To: | | Employers Address: | |
| Circle one: Paid or Intern or Volunteer | | | | DESCRIPTION OF DUTIES | |
| Your Exact Title | | | | | |
| Name of Your Supervisor | | | | | |
| Hours worked / wk. (exclusive of overtime) | | | | | |
| Reason for Leaving | | | | | |

| | | | | | |
|---|--|-----------------------|--|-----------------------|--|
| Length of Employment | | Month <u>AND</u> Year | | Employers Name: | |
| From: | | To: | | Employers Address: | |
| Circle one: Paid or Intern or Volunteer | | | | DESCRIPTION OF DUTIES | |
| Your Exact Title | | | | | |
| Name of Your Supervisor | | | | | |
| Hours worked per week. (exclusive of overtime) | | | | | |
| Reason for Leaving | | | | | |

PLEASE READ AND SIGN

AFFIRMATION: I affirm, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. I give the employer the right to investigate all references and to secure additional job related information about me. If applying for a Recreation position, a DCJS background check will be ran to ensure that I am not on the Sex Offender Registry. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. If the position I am applying for requires a pre-employment drug test (ex: Police and Fire) I understand that as a condition of appointment to this position, I will be required to take and pass a pre-employment drug test.

Applicant Signature (not a printed font) _____ **Date of Signature** _____

CITY OF SARATOGA SPRINGS PROFESSIONAL REFERENCE CHECK

Applicant's Name _____ Position Applied For _____
First M.I. Last

Reference Name _____ Email _____ Phone (____) _____
First Last

At least three references must be checked prior to extending a job offer or engaging a volunteer. Work-related references such as current or past supervisors are best. Teachers, coaches, etc. are acceptable. One relative or household member must be included.

ALL OF THE FOLLOWING QUESTIONS/INFORMATION MUST BE COMPLETELY ANSWERED

1. How long have you known this individual? ____ years ____ months

2. What is your relationship to this individual?

Verify applicant's job title _____
Verify supervisor's job title _____ Company _____
Verify dates applicant worked: from ___/___/___ to ___/___/___
Reason for leaving _____ (Agree with application? No / Yes)
If not still employed, is applicant eligible for rehire? No / Yes
If no please explain: _____
Briefly verify duties applicant performed. (Agree with application? No / Yes)

3. How would you rate this individual's?:
- Reliability/dependability Excellent / Good / Fair / Poor
 - Ability to work with others Excellent / Good / Fair / Poor
 - Productivity Excellent / Good / Fair / Poor
 - Quality of work Excellent / Good / Fair / Poor
 - Communication skills Excellent / Good / Fair / Poor
 - Judgment in normal circumstances Excellent / Good / Fair / Poor
 - Judgment under pressure or stress Excellent / Good / Fair / Poor

4. How would you describe this person's character and ability to work effectively with others?

5. How would you describe this individual's ability to be responsible, to follow rules and to work independently?

6. What are this individual's strengths?

7. What are this individual's greatest needs for development and/or improvement?

8. Have you ever observed any problems or are you aware of significant complaints about this individual from other staff, parents, customers/members or others?
 No / Yes If yes please explain: _____

9. Are there any reasons why you would recommend against hiring this person?
 No / Yes If yes please explain: _____

The following **MUST** be answered if the applicant will be working directly with children/teens in any capacity.

10. To the extent you know, please tell me about the applicant's roles with children; for example, coaching, youth organizations, schools, etc _____

11. Please rate his/her interaction skills with children (or teens):
 Excellent / Good / Fair / Poor / Have Not Observed

13. Is there any reason this person should not work with children? No / Yes

If yes, please explain: _____

Signature of Reference _____ Email Address _____ Date ___/___/___

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CITY OF SARATOGA SPRINGS PROFESSIONAL REFERENCE CHECK

Applicant's Name _____ Position Applied For _____
 First M.I. Last

Reference Name _____ Email _____ Phone (____) _____
 First Last

At least three references must be checked prior to extending a job offer or engaging a volunteer. Work-related references such as current or past supervisors are best. Teachers, coaches, etc. are acceptable. One relative or household member must be included.

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 Reason for leaving _____ (Agree with application? No / Yes)
 If not still employed, is applicant eligible for rehire? No / Yes
 If no please explain: _____
 Briefly verify duties applicant performed. (Agree with application? No / Yes)

3. How would you rate this individual's?:
- | | |
|-----------------------------------|--|
| Reliability/dependability | <input type="checkbox"/> Excellent / <input type="checkbox"/> Good / <input type="checkbox"/> Fair / <input type="checkbox"/> Poor |
| Ability to work with others | <input type="checkbox"/> Excellent / <input type="checkbox"/> Good / <input type="checkbox"/> Fair / <input type="checkbox"/> Poor |
| Productivity | <input type="checkbox"/> Excellent / <input type="checkbox"/> Good / <input type="checkbox"/> Fair / <input type="checkbox"/> Poor |
| Quality of work | <input type="checkbox"/> Excellent / <input type="checkbox"/> Good / <input type="checkbox"/> Fair / <input type="checkbox"/> Poor |
| Communication skills | <input type="checkbox"/> Excellent / <input type="checkbox"/> Good / <input type="checkbox"/> Fair / <input type="checkbox"/> Poor |
| Judgment in normal circumstances | <input type="checkbox"/> Excellent / <input type="checkbox"/> Good / <input type="checkbox"/> Fair / <input type="checkbox"/> Poor |
| Judgment under pressure or stress | <input type="checkbox"/> Excellent / <input type="checkbox"/> Good / <input type="checkbox"/> Fair / <input type="checkbox"/> Poor |

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5. How would you describe this individual's ability to be responsible, to follow rules and to work independently?

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 No / Yes If yes please explain: _____

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11. Please rate his/her interaction skills with children (or teens):
 Excellent / Good / Fair / Poor / Have Not Observed

13. Is there any reason this person should not work with children? No / Yes

If yes, please explain: _____

Signature of Reference _____ Email Address _____ Date ____ / ____ / ____

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CITY OF SARATOGA SPRINGS PERSONAL REFERENCE CHECK

Applicant's Name _____ Position Applied For _____
First M.I. Last

Reference Name _____ Email _____ Phone (____) _____
First Last

At least three references must be checked prior to extending a job offer or engaging a volunteer. Work-related references such as current or past supervisors are best. Teachers, coaches, etc. are acceptable. One relative or household member must be included.

ALL OF THE FOLLOWING QUESTIONS/INFORMATION MUST BE COMPLETELY ANSWERED

1. How long have you known this individual? _____ years _____ months

2. What is your relationship to this individual?

3. How would you rate this individual's:

- Reliability/dependability Excellent / Good / Fair / Poor
- Ability to work with others Excellent / Good / Fair / Poor
- Productivity Excellent / Good / Fair / Poor
- Quality of work Excellent / Good / Fair / Poor
- Communication skills Excellent / Good / Fair / Poor
- Judgment in normal circumstances Excellent / Good / Fair / Poor
- Judgment under pressure or stress Excellent / Good / Fair / Poor

4. How would you describe this person's character and ability to work effectively with others?

5. How would you describe this individual's ability to be responsible, to follow rules and to work independently?

6. What are this individual's strengths?

7. What are this individual's greatest needs for development and/or improvement?

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11. Please rate his/her interaction skills with children (or teens):

- Excellent / Good / Fair / Poor / Have Not Observed

13. Is there any reason this person should not work with children? No / Yes

If yes, please explain: _____

Signature of Reference _____ Email Address _____ Date ____/____/____

Reference checks can be emailed to the Recreation Department: RecReservations@saratoga-springs.org

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