



# Recreation Department Employment Application

**Submit Application To:**  
**City of Saratoga Springs**  
**Municipal Civil Service Commission**  
**Temporary – 15 Vanderbilt Avenue**  
**Saratoga Springs, NY 12866**

**Contact Information:**  
**Recreation Department**  
**15 Vanderbilt Ave, Saratoga Springs, NY 12866**  
**Email: [Recreservations@Saratoga-Springs.org](mailto:Recreservations@Saratoga-Springs.org)**  
**Phone: 518-587-3550 ext. 2300**

The Recreation Department offers several opportunities for part time employment including seasonal positions, program specific positions, and year round positions. When completing the application it is best to list your interest and availability so we can best match your skills to the positions available.

Applications must include the original signature when submitted to Civil Service. Faxed and copied applications are not accepted and a résumé will not be accepted in place of a completed application. Every application will be submitted for background check with DCJS and as such the applicant is required to include their legal name, date of birth, and social security number on the application. Applicants 15, 16, 17 years of age must provide working papers (original) prior to the start date. The working papers will be kept on file at the Civil Service office.

Please Note: Under the Application for Examination / Employment section the Recreation Department positions do not have an exam number.

**Applicant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Positions:** check all that apply- (go to [www.saratogarec.com](http://www.saratogarec.com) to learn about specific programs and positions)

**Year Round Positions:** \_\_\_\_ Recreation Center \_\_\_\_ Ice Rink \_\_\_\_ Sports Clinics/Programs \_\_\_\_ Cleaner \_\_\_\_ Other: \_\_\_\_\_

**Summer Only Positions:**

**Camp:** \_\_\_\_ Camp Director \_\_\_\_ Assistant Director \_\_\_\_ Water Director or Lifeguard \_\_\_\_ Nurse \_\_\_\_ Counselor

**Other:** \_\_\_\_ Recreation Center \_\_\_\_ Ice Rink \_\_\_\_ Sports Clinics/Programs \_\_\_\_ Youth Parking \_\_\_\_ Other: \_\_\_\_\_

**What type of position are you looking for?** Front Desk, Program, Other: \_\_\_\_\_

**Interest:** check all that apply

\_\_\_\_ Youth Sports- Specify: \_\_\_\_\_ Fitness/Senior Programs-Specify: \_\_\_\_\_

\_\_\_\_ Skate Guard \_\_\_\_ Concession \_\_\_\_ Soccer/Basketball Referee \_\_\_\_ Computer \_\_\_\_ Birthday Parties \_\_\_\_ Other-Specify: \_\_\_\_\_

**Availability:** year round, evenings, day times, weekends, summer only, etc...: \_\_\_\_\_

**Experience:** Please list any recreation volunteering or sports that you have coached or played in, i.e. played soccer since 3 yrs old, 2013-2017 Varsity Soccer, Fall 2013-2017 Volunteer Soccer coach. Paid experience list on page 7 or 8. You may attach additional sheets if you need more space.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References:**

Have you been employed by the Recreation Department within the last 24 months? \_\_\_\_ Yes (if yes, skip the reference section below)  
 \_\_\_\_ No (if no, complete reference section below)

- Please distribute the attached reference forms to your references listed below.
- It is the applicant's responsibility to confirm that all references were received by the Recreation Department.
- **Applications will not be considered until all 3 references have been received.**

Positions are not guaranteed.

In the space provided, please list the names and other information of the individuals who will be receiving these forms. Please use only current or past employers, advisors, teachers, etc. You are allowed to use one personal reference for your application.

A) \_\_\_\_\_  
 Full Name Phone Relationship

B) \_\_\_\_\_  
 Full Name Phone Relationship

C) \_\_\_\_\_  
 Full Name Phone Relationship



**FOR CAMP SARADAC APPLICANTS ONLY, skip page if not applying for Camp!**

**Camp Application deadline is 4:00pm, Friday, March 29, 2019**

*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 the appropriate age for the position you are applying for by June 1, 2019. No exceptions

**Summer Camp Dates**

**Monday, July 1 – Friday, August 23 - No Camp July 4**

**Please do not apply if you need extended time off!**

**Camp Saradac Applicants must be available for all staff trainings:**

- Wednesday, June 26, 2019 4-8pm Staff Training @ TBA
- Thursday, June 27, 2019 4-8pm Staff Training/Parent Orientation 7pm @ TBA
- You will be placed in a mandatory CPR/First Aid class upon your hiring.

**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**

- 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 / EMPLOYMENT

## The City of Saratoga Springs Civil Service Commission

5 Lake Avenue Room 5A (City Hall)

Saratoga Springs, NY 12866-2366

(518) 587-3550 ext. 2602 www.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, 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.

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 / Exam Title |  | Exam # |  |
|-----------------------|--|--------|--|

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

|   |  |  |       |     |      |
|---|--|--|-------|-----|------|
| Soc. Sec. #<br>Recreation Applicants Only |  | Police Officer & Firefighter Candidates Only - Enter Date of Birth | Month | Day | Year |
|   |  |  |       |     |      |

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

### PERMANENT LEGAL ADDRESS, CONTACT INFORMATION AND RESIDENCY REQUIREMENTS

|                          |      |       |      |     |  |
|--------------------------|------|-------|------|-----|--|
| Street Address           |      |       |      |     |  |
| P.O. Box (if applicable) |      |       |      |     |  |
| City, Town or Village    |      | State |      | Zip |  |
| Phone Number             | Home |       | Cell |     |  |
| Email                    |      |       |      |     |  |

**Residency Requirements:** Candidates must meet the Residency Requirements as stated on the examination 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 / NO   | If "No"- list the date you will meet this one-month residency requirement. |
| Village      |                      |  |  |
| Town         |                      |  |  |
| City         |                      |  |  |
| County       |                      |  |  |

**CITIZENSHIP / ELIGIBILITY FOR EMPLOYMENT:** 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.

|                            |                               |                   |                      |
|----------------------------|-------------------------------|-------------------|----------------------|
| Examination Fee _____      | <b>CIVIL SERVICE USE ONLY</b> |                   |                      |
| Application Approved _____ | Fee Waived _____              | Disapproved _____ | Conditional Approval |
| _____                      |                               |                   |                      |

**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**

| <b>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.</b>  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| Have you ever served in the Armed Forces of the United States?<br><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?  |            |           |

**DRIVER’S LICENSE**

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

|                  |  |                                  |   |            |  |           |  |
|------------------|--|----------------------------------|---|------------|--|-----------|--|
| License Number   |  | Restrictions                     |   |            |  |           |  |
| Expiration Date  |  | Endorsements                     |   |            |  |           |  |
| Class of License |  | Is this License Currently Valid? | <table border="1"> <tr> <td><b>Yes</b></td> <td></td> <td><b>No</b></td> <td></td> </tr> </table> | <b>Yes</b> |  | <b>No</b> |  |
| <b>Yes</b>       |  | <b>No</b>                        |   |            |  |           |  |

**ADDITIONAL QUESTIONS**

| <b>Check the appropriate box to the right of each question.</b>   | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| 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.**

**REMARKS:** \_\_\_\_\_

## EDUCATION

| <b>High School</b>  |  | <b>YES</b> | <b>NO</b> |
|---|--|------------|-----------|
| 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  |  |            |           |

| <b>College, University, Professional or Technical School</b> |                                    |                       |                                 |                   |    |                                  |
|--|------------------------------------|-----------------------|---------------------------------|-------------------|----|----------------------------------|
| Name of School   | Number of College Credits Received | Type of Degree Earned | Major Subject or Type of Course | Did You Graduate? |    | Date Degree Expected or Received |
|  |                                    |                       |                                 | YES               | NO |                                  |
|  |                                    |                       |                                 |                   |    |                                  |
|  |                                    |                       |                                 |                   |    |                                  |
|  |                                    |                       |                                 |                   |    |                                  |

## LICENSE OR CERTIFICATION

Complete the following if a License, Certification or other authorization to practice a trade or profession is required on the examination announcement for the position 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.** 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 describe the nature of work which you personally performed. Verified and documented volunteer experience will only be credited when specifically stated on the examination or vacancy announcement. You may attach additional sheets if you need more space.

| <b>Length of Employment</b>                |  |                              | <b>Firm Name:</b>            |                      |  |
|--|--|------------------------------|------------------------------|----------------------|--|
| <b>From:</b><br>Month and Year             |  | <b>To:</b><br>Month and Year |                              | <b>Firm Address:</b> |  |
| <b>Earnings (complete one)</b>             |  |                              | <b>DESCRIPTION OF DUTIES</b> |                      |  |
| Hourly                                     |  |                              |                              |                      |  |
| Annual                                     |  |                              |                              |                      |  |
| Your Exact Title                           |  |                              |                              |                      |  |
| Name of Your Supervisor                    |  |                              |                              |                      |  |
| Hours worked / wk. (exclusive of overtime) |  |                              |                              |                      |  |
| Reason for Leaving                         |  |                              |                              |                      |  |

|   |  |                                 |                              |  |
|---|--|---------------------------------|------------------------------|--|
| <b>Length of Employment</b>                   |  |                                 | <b>Firm Name:</b>            |  |
| <b>From:</b><br>Month and<br>Year             |  | <b>To:</b><br>Month and<br>Year | <b>Firm Address:</b>         |  |
| <b>Earnings (complete one)</b>                |  |                                 | <b>DESCRIPTION OF DUTIES</b> |  |
| Hourly  |  |                                 |                              |  |
| Annual  |  |                                 |                              |  |
| Your Exact Title                              |  |                                 |                              |  |
| Name of Your Supervisor                       |  |                                 |                              |  |
| Hours worked / wk.<br>(exclusive of overtime) |  |                                 |                              |  |
| Reason for Leaving                            |  |                                 |                              |  |

|   |  |                                 |                              |  |
|---|--|---------------------------------|------------------------------|--|
| <b>Length of Employment</b>                   |  |                                 | <b>Firm Name:</b>            |  |
| <b>From:</b><br>Month and<br>Year             |  | <b>To:</b><br>Month and<br>Year | <b>Firm Address:</b>         |  |
| <b>Earnings (complete one)</b>                |  |                                 | <b>DESCRIPTION OF DUTIES</b> |  |
| Hourly  |  |                                 |                              |  |
| Annual  |  |                                 |                              |  |
| Your Exact Title                              |  |                                 |                              |  |
| Name of Your Supervisor                       |  |                                 |                              |  |
| Hours worked / wk.<br>(exclusive of overtime) |  |                                 |                              |  |
| Reason for Leaving                            |  |                                 |                              |  |

|   |  |                                 |                              |  |
|---|--|---------------------------------|------------------------------|--|
| <b>Length of Employment</b>                   |  |                                 | <b>Firm Name:</b>            |  |
| <b>From:</b><br>Month and<br>Year             |  | <b>To:</b><br>Month and<br>Year | <b>Firm Address:</b>         |  |
| <b>Earnings (complete one)</b>                |  |                                 | <b>DESCRIPTION OF DUTIES</b> |  |
| Hourly  |  |                                 |                              |  |
| Annual  |  |                                 |                              |  |
| Your Exact Title                              |  |                                 |                              |  |
| Name of Your Supervisor                       |  |                                 |                              |  |
| Hours worked / wk.<br>(exclusive of overtime) |  |                                 |                              |  |
| Reason for Leaving                            |  |                                 |                              |  |

**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:** \_\_\_\_\_ **Date of Signature** \_\_\_\_\_

**CITY OF SARATOGA SPRINGS PROFESSIONAL REFERENCE CHECK**

Applicant's Name \_\_\_\_\_  
First M.I. Last

Position Applied For \_\_\_\_\_

Reference Name \_\_\_\_\_  
First Last

Reference Phone (\_\_\_\_\_) \_\_\_\_\_

*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         | <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 |

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:** \_\_\_\_\_

Name of Reference (print) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Reference \_\_\_\_\_ Email Address \_\_\_\_\_

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**CITY OF SARATOGA SPRINGS PROFESSIONAL REFERENCE CHECK**

Applicant's Name \_\_\_\_\_  
First M.I. Last

Position Applied For \_\_\_\_\_

Reference Name \_\_\_\_\_  
First Last

Reference Phone (\_\_\_\_\_) \_\_\_\_\_

*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? <input type="checkbox"/> No / <input type="checkbox"/> Yes)                   |
| If not still employed, is applicant eligible for rehire? <input type="checkbox"/> No / <input type="checkbox"/> Yes             |
| If no please explain: _____   |
| Briefly verify duties applicant performed. (Agree with application? <input type="checkbox"/> No / <input type="checkbox"/> 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 |

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:** \_\_\_\_\_

Name of Reference (print) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Reference \_\_\_\_\_ Email Address \_\_\_\_\_

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**CITY OF SARATOGA SPRINGS PERSONAL REFERENCE CHECK**

Applicant's Name \_\_\_\_\_ Position Applied For \_\_\_\_\_  
                    First                      M.I.                      Last  
Reference Name \_\_\_\_\_ Reference 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         | <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 |

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?

\_\_\_\_\_

**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:** \_\_\_\_\_

Name of Reference (print) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Reference \_\_\_\_\_ Email Address \_\_\_\_\_

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