

MIDDLESEX SCHOOL SUMMER ARTS
1400 LOWELL RD. P.O. BOX 9122
CONCORD, MA 01742-9122
TEL: (978) 371-6550 or (978) 402-1432
FAX: (978) 402-1461

2009 EMPLOYMENT APPLICATION COUNSELOR-IN-TRAINING

Please print this application and send with three written recommendations to the above address

Applicants must be 16 years old and/or have completed junior year in High School, and are considered on an individual basis

Attach a resume

First Name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____

Date of Birth: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Home Phone: _____

Other Phone #: _____

E-mail: _____

School Address: _____

City: _____

State: _____ Zip: _____

Country: _____

In case of accident or emergency please notify:

Home Address:

City:

State:

Zip:

Country:

Home Phone:

Work Phone:

Do you have any functional disabilities that could affect your performance in the job you have applied for?

yes _____ no _____

If yes, please explain: _____

EDUCATION:

High School:

Year of Graduation:

Address:

City:

State:

Zip:

Country:

EXPERIENCE:

please attach resume

Please read the following list and indicate with a check those activities you have experience and could assist with:

- | | | | |
|--------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Photography | <input type="checkbox"/> Camp Newspaper | <input type="checkbox"/> Orchestra |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Video | <input type="checkbox"/> Scenery Paining | <input type="checkbox"/> Stage Lighting |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Make-up | <input type="checkbox"/> Sound Equipment | <input type="checkbox"/> Other-Explain |
| <input type="checkbox"/> New Games | <input type="checkbox"/> Swimming | <input type="checkbox"/> Scenery Building | |

What other talents and hobbies do you have that you might share as a special offering (please attach an additional page if necessary):

Do you hold certification for the following?

Lifeguard Certificate ___yes ___no

If yes, certificate dates _____

WSA (Water Safety Assistant) ___yes ___no

If yes, certificate dates _____

WSI (Water Safety Instructor) ___yes ___no

If yes, certificate dates _____

CPR Certificate ___yes ___no

If yes, certificate dates _____

First Aid Certificate ___yes ___no

If yes, certificate dates _____

If you were a Camper at MSSA, please share your impressions of a CIT's responsibilities and how you see yourself in this capacity (please attach an extra sheet of paper if needed):

What do you feel you will add to the program as a CIT?
(please attach an extra sheet of paper if needed):

What do you expect to get out of the program as a CIT?
(please attach an extra sheet of paper if needed):

REFERENCES (Please list three)

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
How I know this person: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
How I know this person: _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____
How I know this person: _____

Should you be hired the following forms are required:

- CIT Employment Contract
- Current Health Form, including Immunization Form
- W-4
- I – 9 Form

These forms are provided by MSSA when appropriate. The forms must be completed and returned to the MSSA office by April, 2009.

The State of Massachusetts requires and expanded CORI (Criminal Record Information) check on all camp employees; Immunization History (includes TB test results within the past 24 months); W-4 is required by the State of MA and U.S. Government; and i-9 is required by the U.S. Government.

By my signature I acknowledge that all information I have provided is true and accurate and that any false statements are grounds for disqualification or termination from employment. I also give permission to MSSA to contact all personal references.

Signature: _____

Date: _____