

# MSSA 2012

## COUNSELOR-IN-TRAINING

### EMPLOYMENT APPLICATION

Marilyn Abbott – Director  
Camp Dates: June 25, 2012 – July 27, 2012  
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

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

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

In case of accident or emergency please notify: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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**EDUCATION:**

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

**EXPERIENCE:** Past experience particularly pertinent to this position (please attach an extra sheet of paper if needed):

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**TRAINING/EXPERIENCE IN THE ARTS:**

(please attach an extra sheet of paper if needed):

***DANCE:***

Type(s): \_\_\_\_\_

Training: \_\_\_\_\_

Experience: \_\_\_\_\_

***Theatre:*** (technical, performance, directorial)

Training: \_\_\_\_\_

Experience: \_\_\_\_\_

***MEDIA:*** (creative writing, photography, newspaper, video production)

Training: \_\_\_\_\_

Experience: \_\_\_\_\_

***VISUAL ARTS:*** (ceramics, fabric art, painting, sculpture, woodworking)

Training: \_\_\_\_\_

Experience: \_\_\_\_\_



If yes, certificate dates \_\_\_\_\_

**First Aid Certificate**                      \_\_\_\_yes \_\_\_\_no

If yes, certificate dates \_\_\_\_\_

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Where did you hear about Middlesex School Summer Arts?

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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):

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

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

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**REFERENCES** (Please list three, attach a Letter of Recommendation for each to this completed form, and return to MSSA)

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: \_\_\_\_\_

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Should you be hired the following forms are required:

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

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: \_\_\_\_\_