Maplewood School & Summer Program 2166 Wantagh Avenue Wantagh, NY 11793 516-221-2121 Fax 516-221-9303 E-mail: office@maplewoodschool.com

APPLICATION FOR POSITION AS A SUMMER EMPLOYEE

Name:		Cell Phone:			
Address:			_Town:	Zip:	
E-Mail Address:			Home Phone:		
(New York State Huma)	n Rights Law forbids	discrimination on acco	ount of race, color, cre	e 2022: ed, sex, national origin or age)	
Education: Please att		-		ent history. Graduated:	
-	-			Graduated:	
Major:	Deg	gree:			
Experience with child	lren in schools, clu	bs, etc.:			
Summer Program exp	erience, if any:				
Special abilities: Plea activity, 2 if you have		•		ou feel comfortable leading the	
Art		Crafts Dance Dramatics	Nature	Soccer Swimming Wii	
Give full details - tea	m played on, lette	rs and awards:			

Our 2022 dates are June 27th - August 19th, Monday- Friday 8:15 AM- 4:15 PM. Do you have any conflicts with these dates (college orientation, second job, or vacation)? If yes, please explain:______

• •		areas? If yes, please provide the date the course was ider (ex-American Red Cross). Please provide a copy o
	First Aid	EMT
Nassau County Lifeguard		Water Safety Instructor
What would you like to do this summ	er?	
If 21, are you willing to drive a mini-	van?	
Who referred you to Maplewood? (Li	st one person only)_	
Remarks – anything you would like to	add?	

Along with a completed employment application you will need to provide 3 references completed by a current or former supervisor, teacher, coach, or neighbor. Relatives and friends are not acceptable references.

Please note: It is a mandatory requirement that all employees provide a completed health form with immunizations.

All employees under the age of 21 must provide a copy of their birth certificate. All employees under 18 years of age will be required to submit valid working papers. Working papers can be obtained through your school guidance counselor.

By signing this application I understand that a personal/criminal background check will be perfo
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Date: _____ Applicants Signature _____

Ι	certify that all the information provided on this application is true.		
(Name)			
OFFICE USE ONLY: Date:			
Position:	Salary:		
Comments:			