



Westchester Summer Day
856 Orienta Avenue
Mamaroneck, NY 10543
www.westchesterday.org
(914) 698-8900 ext. 153

Dear Applicant,

Thank you for applying for a position at WSD for 2010. Please make sure to remit the following 5 items:

1. Employment Application
2. Two Reference Forms
3. Employment Authorization Form
4. I-9
5. W-4

When your application is received, we will contact you to schedule an interview. If you have any questions, we can be reached at 914.698.8900 ext. 153.

We are looking forward to a wonderful summer.

Thank you,

David Iskovitz
Director

Shmarya Gasner
Assistant Director



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EMPLOYMENT APPLICATION

Mail application to: Westchester Day School
 856 Orienta Avenue
 Mamaroneck, NY 10543
 Att: Summer Program

PERSONAL INFORMATION please print clearly

Last Name _____ First Name _____ Age _____ Birthdate ____/____/____
 Home Address: _____ Town _____ State _____ Zip _____
 Home Telephone #: (____) _____ - _____ Cell #: (____) _____ - _____
 Shirt size _____ E-mail address _____

EDUCATION INFORMATION please list most recent first and work backward

<u>Colleges attended or attending</u>	<u>Present Class</u>	<u>Graduation Year</u>	<u>Degree</u>
College _____	_____	_____	_____
College _____	_____	_____	_____
Collegiate extra-curricular activities _____			

<u>High School attended or attending</u>	<u>Present Class</u>	<u>Graduation Year</u>
School _____	_____	_____
School _____	_____	_____
High School extra-curricular activities _____		

If you attended a Hebrew Day School write in school name Elementary _____

If you attended/are currently attending a supplemental Jewish school, write in name _____

WORK EXPERIENCE start with current or most recent job and list in reverse order

<u>Position</u>	<u>Name of Organization</u>	<u>Year</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

JOB PREFERENCE positions may available in the following areas:

Please indicate activities in which you have experience and/or feel you would be able to instruct:

Arts & Crafts, Beach, Ceramics, Computer, Dance, Drama, Greeter, Gym, Floor Hockey,
 Jewish Culture, Juggling, Karate, Magic, Music, Nature, Nurse, Nurse's assist, Office,
 Pool, Sports Specialist, Tennis, Wood crafting, Other: _____

If you would like to work in a group please indicate the age group(s) with which you would like to work:

Children entering: Nursery Kindergarten 1st 2nd 3rd 4th 5th 6th 7th

If you are interested in working at the Pool or the Beach please list your current licenses.

LGT CPR/FPR Standard First Aid WSI Power Boat

Dates: _____

Have you ever worked with children? YES NO

If YES please describe _____



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If NO briefly describe why you are interested in working in a summer camp _____

TEACHING EXPERIENCE

Are you a licensed teacher? YES NO Which state issued license? _____
 Subjects taught _____ Grades taught _____
 Total # years teaching with license _____ without license _____ Last full year taught _____
 Do you teach in a Hebrew Day School? YES NO If YES, where? _____
 Do you teach in a Supplemental Jewish School? YES NO If YES, where? _____

REFERENCE SECTION

How did you hear about **or** who recommended you to WSD? _____

You must submit 2 written references prior to your employment at WSD – preferably one from a previous employer, and one school reference: advisor, guidance counselor, teacher, coach, etc. **No reference may be related to you. Please bring all reference letters to your interview.**

Name	Address of Reference	Title	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____

READ CAREFULLY AND SIGN BEFORE MAILING please initial each line and sign below.

Have you ever been convicted of a felony? YES NO _____
 I authorize the director or his designee to verify all of the above information by phone or mail. _____
 I agree to wear the supplied WSD T-shirt every day, and not to smoke on WSD grounds. _____
 I agree to read and be responsible for all orientation materials (distributed at orientation in June). _____
 I understand the use or possession of a controlled substance while under WSD jurisdiction including WSD trips or activities off the grounds, will lead to immediate dismissal and possible arrest. _____
 I understand that the Director's permission is required to leave WSD grounds during work hours. _____

The information I have provided to Westchester Summer Day on this application is accurate.

Signature _____ **Date** ____/____/____

FOR PARENTS ONLY

If you have children you would like to enroll at WSD for summer 2010, please complete this section:

Name	Age	Gender	Birthdate	Grade	& School attending in 9/10
_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	____/____/____	_____	_____
_____	_____	_____	____/____/____	_____	_____



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AUTHORIZATION FORM

During the application process and at any time during the tenure of my employment with Westchester Day School/Westchester Summer Day, I hereby authorize Westchester Day School/Westchester Summer Day to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Name

Date

Applicant/Employee Signature

Social Security Number

Date of birth



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Staff Recommendation Form

Name of Applicant: _____

School: _____

Please fill out the following which will evaluate his/her hopeful success in working for our summer program.

1. Number of years you know the student _____
2. Would you want this applicant to be your child's counselor? Why or why not.

3. What is this student's best quality? _____

Please rate the following qualities and characteristics: (1 is highest)

	1	2	3	4	5
Promptness					
Sensitivity					
Leadership					
Character					
Creativity					
Middot					
Ability to work with others					
Enthusiasm					

Filled out by: _____ Position: _____

Date: _____

THANK YOU!



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THANK YOU!