Dear Malta Summer Recreation Applicant:

Attached to this letter is an application for employment in the Malta Summer Recreation Program for the summer of 2016. The camp begins on Tuesday, July 5, 2016 (Orientation Day) and continues until Friday, August 12, 2016. The basic hours are from 9:00am until 1:00pm with occasional extended hours for field trips.

TOWN OF MALTA

Malta Summer Recreation Employment Application 2016

Name _____

Street Address_____

Town_____State_____Zip_____

Home Phone _____Cell Phone_____

Email Address_____

Position Applied For: Summer Program (Half Day) _____ 9:00am-1:00pm

You must be 16 years old by June 30, 2016 to apply for the above program.

Dates: Tuesday, July 5, 2016 – Friday August 12, 2016

Employer Address Phone Supervisor Salary

_____

Position When Employed Reason for Leaving

_____

Employer Address Phone Supervisor Salary

_____

Position When Employed Reason for Leaving

_____

May we call or write the above supervisor? _____

REFERENCES This section must be completed in full.

Three references are necessary. Please fill in all the information completely.

Name Address Phone Position

1._____

2._____

3._____

Applicant's Signature _____ Date _____

For employment in the Summer Recreation Program, this application must accompany the Saratoga County Application for Civil Service.

Office Use Application Received _____Date of Interview _____