



TOWN of HALFMOON
Recreation Department

2 Halfmoon Town Plaza
Halfmoon, NY 12065
County of Saratoga

Amanda Smith, Director
Shannyn McCarthy, Assistant Director

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TO: **Potential Employees**

FROM: Amanda Smith, Director

DATE: January 9, 2012

RE: Job requirements

Thank you for your interest in becoming a staff member this summer! Below are some examples of requirements for our summer staff:

- ✓ Staff members hired as Bus Drivers must be at least 21 or older
- ✓ Bus drivers must be **current** Shenendehowa employees
- ✓ Staff members must be available when needed Monday through Friday, June 25 to August 3, 2012 during the hours of 8am to 4pm (or later depending on late trip times)
- ✓ Attendance to orientation is **mandatory**
- ✓ Staff name tags will be available the first day of camp – they must be worn everyday

Please complete the enclosed application in full and return it to my office. The deadline for all completed applications is **March 2, 2011**. If you have any questions, please contact my office at 371-7410, ext. 2700.

SUMMER RECREATION EMPLOYMENT APPLICATION

** BUS DRIVERS **

To be eligible:

* At least 21 yrs of age

* NYS licensed driver

* Current Shen Bus Driver

Name: _____

Today's Date: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: () _____ - _____

2nd Phone Number: () _____ - _____

Social Security # _____ - _____ - _____

Date Of Birth: _____ / _____ / _____

Driver License Number: _____

Total years bus driving experience: _____

Please rate your interest in the positions below (1 = most interested, 4 = least interested):

Full Time Bus Driver: _____

Substitute Bus Driver: _____

Lesson Driver: _____

Shuttle Bus Driver: _____

Why do you feel you should be hired for this position?

What do you see the role of your position to be?

Do you take any medications, have any serious limitation, medical problems or allergies that we should be made aware of? If so, please explain.

Are you anticipated any days off? If yes, please state the reason for the days off.
(Please note that vacations days/ weeks are not allowed.)

Are your immunizations currently up to date? Yes _____ No _____

Please list three (3) references and have two of the three complete a "Reference Check Form" (attached). They may be working and/or personal.

	<u>NAME</u>	<u>PHONE</u>
1.)	_____	_____
2.)	_____	_____
3.)	_____	_____

PLEASE NOTE

Our Summer Recreation Program will run from Monday, June 25 through Friday, August 3, 2012. In order to be to work for our program, please mail a completed **application and county application** (attached) to the address below no later than **March 2, 2012.**

Amanda Smith
Recreation Director
Town of Halfmoon Recreation Program
2 Halfmoon Town Plaza
Halfmoon, NY 12065