# Woodbury Parks & Recreation

**P.O. Box 21, Highland Mills, N.Y. 10930**
**Telephone - (845) 928-9588, Ext. 6**
**Email: parknrec@optonline.net**

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## APPLICATION FOR CIT (Counselor in Training-Minimum Age 15)

**DATE:** _____

**(PLEASE PRINT)**

**NAME:** _____
**Last** **First** **Middle Initial**

**HOME ADDRESS:** _____

_____

**AGE:** _____ **DATE OF BIRTH:** _____ **PHONE NO.:** _____

**SOCIAL SECURITY NO.:** _____

**EDUCATION:**

| SCHOOL | FROM MO/YR | TO MO/YR |
|---|---|---|
| _____ | _____ | _____ |
| MIDDLE SCHOOL | | |
| _____ | _____ | _____ |
| HIGH SCHOOL | | |

**REFERENCES:**

**LIST THREE REFERENCES WITH THEIR ADDRESSES AND TELEPHONE NUMBERS (MUST BE SOMEONE OTHER THAN A RELATIVE OR FRIEND. TEACHERS, CLERGYMEN, PREVIOUS EMPLOYERS ACCEPTABLE)**

| NAME AND TITLE | ADDRESS | TEL. NO. |
|---|---|---|
| 1. _____ | _____ | _____ |
| _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| _____ | _____ | _____ |

**EMPLOYMENT:**

**ARE YOU CURRENTLY EMPLOYED?** _____**YES** _____**NO**

_____**FULL TIME** _____**PART TIME**

**LIST YOUR LAST THREE EMPLOYERS STARTING WITH YOUR CURRENT/MOST RECENT POSITION:**

| | ADDRESS | FROM MO/YR | TO MO/YR |
|---|---|---|---|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

**HEALTH:**

**HAVE YOU ANY PHYSICAL DISABILITIES, ALLERGIES, ETC?** _____

_____

**PERSONAL ACHIEVEMENTS OR AWARDS** _____

_____

**EARLIEST DATE AVAILABLE TO WORK? MAY** _____**OR JUNE** _____

**CAN YOU WORK THROUGH LABOR DAY?** _____ **IF NO, UNTIL WHEN?** _____

**TELL WHY YOU WANT THIS JOB AND WHY YOU CONSIDER YOURSELF QUALIFIED:**

_____

_____

_____

_____

_____