

Counselor in Training Program Application

The Counselor in Training (CIT) program is for students 14 years old who are interested in gaining valuable experience as a volunteer counselor to better prepare themselves for a paid position with the Summer Recreation Program when they turn 15 years old while earning volunteer credit at the same time.

How to apply:

- **Please read “What is expected of me?” before submitting your application.**
- **Complete your application to the best of your ability. Employment history can include babysitting, umpiring or refereeing or volunteer work. Include any outside organizations you are a member of (school clubs, community or volunteer organizations, etc.). References should include those who would be familiar with your work, ability and training (teachers, volunteer supervisors, family’s you have babysat for, etc.).**
- **Bring or mail your completed application to the Recreation Department located in Town Hall at 1 Collyer Lane, Basking Ridge. Applications are due April 30, 2010.**
- **You will be contacted for an interview in May. During the interview the CIT program handbook will be discussed in detail, further explaining items included in “What is expected of me?”**

Counselor in Training Program

What is Expected of ME?

1. As a C.I.T. I am required to be **14 years** of age prior to June 1, 2010.
2. As a C.I.T. I must be available to volunteer for the entire 6-week program, Monday – Friday, June 28– August 6, 2010, 8:15am – 12:45pm.
(No program July 5th) *One week vacation is allowed with advance notice.*
3. As a C.I.T. I will have to attend a pre-program meeting with the C.I.T. program coordinator. June 4, 2010, 3:30-4:30pm at Town Hall.
4. As a C.I.T., I will have to attend the staff orientation.
Saturday, June 5, 2010, 2PM – 5PM at the Community Center
5. As a C.I.T., I will have to attend Family Fun Night.
Wednesday, July 14, 2010, 6PM-8:30PM at Harry Dunham Park
6. As a C.I.T., I will have to complete the following requirements.
 - a. Weekly Reports
 - b. Special Event, Project Reports, and Evaluation
7. As a C.I.T., I will submit all required documents on time.
8. As a C.I.T., I will wear my C.I.T. green T-shirt – **EVERYDAY!**
9. As a C.I.T., I will arrive at the site on time – **EVERYDAY!**
10. As a C.I.T., I will be familiar with the rules of the Counselor in Training Program and the Summer Recreation Program so I can follow them correctly.
11. As a C.I.T., I will conduct myself in a responsible manner.
12. As a C.I.T., I will use this summer as a learning experience as well as a chance to have fun.
13. As a C.I.T., I understand that fulfilling my requirements does not guarantee me a position when I turn 15 years old.

**Applications will be available in January 2010 at www.bernards.org.
Application Deadline – April 30, 2010.**



APPLICATION FOR EMPLOYMENT

Administration Building: One Collyer Lane, Basking Ridge, NJ 07920 Fax 908-204-3015

Application Date: _____

Name: _____

Position Applied For: COUNSELOR IN TRAINING

Department: PARKS & RECREATION

Building Location:

- Administration Building - One Collyer Lane
- Police Building - One Collyer Lane
- Engineering Services Building – 277 South Maple Avenue
- Health Department - 262 South Finley Avenue
- Bernards Township Library - 32 South Maple Avenue
- Bernards Township Sewerage Authority Plant – 726 Martinsville Road

The Township of Bernards considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, handicap or disability, sexual orientation, domestic partnership or any other legally protected status.

A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY.

All information will be verified and all references will be checked. Information will be kept confidential to the extent permitted by law.

DO NOT WRITE BELOW THIS LINE

RECOMMEND FOR EMPLOYMENT: Yes No IF NO, HOLD FOR FUTURE USE? Yes No

IF YES, START DATE: _____ START SALARY: _____

HUMAN RESOURCES SIGNATURE: _____ DATE: _____

PLEASE PRINT

I. PERSONAL

LAST NAME	FIRST	MIDDLE	EMAIL ADDRESS
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE , ZIP CODE)			TELEPHONE NUMBER
PERMANENT ADDRESS (IF DIFFERENT THAN PRESENT ADDRESS)			TELEPHONE NUMBER
ARE YOU 18 YEARS OF AGE OR OLDER? (If no, you will be required to show proof of eligibility to work.)			<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? (Proof of US Citizenship or work authorization status will be required upon employment)			<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF RELATIVE OR FRIENDS EMPLOYED BY BERNARDS TOWNSHIP			
HAVE YOU EVER BEEN EMPLOYED BY BERNARDS TOWNSHIP? IF YES, STATE WHEN.			<input type="checkbox"/> Yes <input type="checkbox"/> No
HAVE YOU EVER BEEN CONVICTED OF A CRIME, including misdemeanors and summary offenses, which has not been sealed or otherwise cleared from your record? IF YES, EXPLAIN INCLUDING PERIODS OF REHABILITATION. (A yes answer is not an automatic bar to employment.)			<input type="checkbox"/> Yes <input type="checkbox"/> No

II. POSITION AND PERSONAL INTERESTS

POSITION APPLIED FOR	TITLE COUNSELOR IN TRAINING	SALARY DESIRED \$ VOLUNTEER PER
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE AVAILABLE TO START WORK	HOW WERE YOU REFERRED TO US?
WHAT KIND OF WORK DO YOU GENERALLY PREFER? (INTERESTS AND CAREER OBJECTIVES)		
COMPLETE IF DRIVING IS AN ESSENTIAL PART OF THE JOB BEING APPLIED FOR DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No PLEASE SIGN TO INDICATE YOUR AUTHORIZATION FOR THE TOWNSHIP TO PERFORM A RECORD CHECK OF THE DIVISION OF MOTOR VEHICLES' FILES, UPON AN OFFER OF EMPLOYMENT BY THE TOWNSHIP:		

III. EDUCATION AND TRAINING

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE
HIGH SCHOOL OR EQUIVALENT			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TECHNICAL OR COMMERCIAL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (SPECIFY)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU TAKING ANY COURSE OF STUDY NOW? IF YES, PROVIDE DETAILS: <input type="checkbox"/> Yes <input type="checkbox"/> No			DATE TO BE COMPLETED		
LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHIPS.					
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS OR EXTRA-CURRICULAR ACTIVITIES (i.e. EMT or fire fighting training and participation, etc.) Exclude those that indicate race, religion, sex, age, national origin or other protected classification.					
IF YOU HAVE EMT OR FIRE FIGHTING CERTIFICATION, WOULD YOU BE WILLING TO VOLUNTEER FOR THE TOWNSHIP DURING YOUR WORKDAY? <input type="checkbox"/> Yes <input type="checkbox"/> No					
WHAT COMPUTER SKILLS DO YOU HAVE AND WHAT OFFICE MACHINES CAN YOU USE? (IF APPLICABLE)					

IV. EMPLOYMENT HISTORY

Please account for all periods of employment, including U.S. Armed Forces experience, periods of travel, and self-employment. List present or last employer first. If more space is desired, please use an additional application.

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATE EMPLOYED	
				FROM	TO
				/	/
				MONTH YEAR	MONTH YEAR
TELEPHONE OF EMPLOYER	SUPERVISOR'S NAME & TITLE		DEPARTMENT		
YOUR POSITION OR TITLE:			REASON FOR LEAVING:		
MAY WE CONTACT EMPLOYER? NOW [] AT A LATER DATE [] NOT AT ALL []					

V. OUTSIDE ORGANIZATIONS

ARE YOU AFFILIATED WITH ANY OTHER COMPANY THAT REQUIRES WORK OF YOU?

Yes No IF YES, PLEASE EXPLAIN

ARE YOU ENGAGED IN ANY PERSONAL BUSINESS OR ENTERPRISE?

Yes No IF YES, PLEASE EXPLAIN

IN WHAT BUSINESS, PROFESSIONAL OR SCIENTIFIC ASSOCIATIONS DO YOU HOLD MEMBERSHIP? Exclude those that indicate race, religion, sex, age, national origin or other protected classification.

WHAT PROFESSIONAL LICENSES DO YOU HOLD?

DESCRIBE ANY OTHER EXPERIENCE THAT MIGHT BE HELPFUL IN CONSIDERING YOUR APPLICATION. (Other work experience, internships, school activity, apprenticeships, etc.)

VI. REFERENCES Exclude relatives but provide three (3) persons not previously mentioned who are most familiar with your work, ability and training.

NAME	RELATIONSHIP	POSITION	ADDRESS	TELEPHONE

VII. ESSENTIAL FUNCTIONS **Do not answer this question without first reviewing the job description**

ARE YOU ABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMODATION?

Yes No

VIII. RELEASE OF APPLICATION

IF YOU ARE UNSUCCESSFUL IN YOUR CANDIDACY FOR A POSITION WITH THE TOWNSHIP, DO YOU WISH YOUR APPLICATION TO BE DISCLOSED?

Yes No

IX. APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I release former employers and others from any liability that might arise from the disclosure of information.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I understand that misrepresentation or omission of facts called for is basis for township refusal to process application further or, in the event of employment, cause for dismissal. I fully and completely understand that as a condition of employment, I must be able to perform all the duties of the position applied for. I also understand that if employed, by the township, I must abide by all rules and regulations of the employer.

Signature of Applicant: _____

Date:

