



Dear Camp Malta Applicant:

Attached to this letter is an application for employment in the Camp Malta Summer Recreation Program for the summer of 2025. The full day camp program begins on Monday, June 30, 2025 and continues until Friday, August 22, 2025. The basic hours are from 8:30am until 4:15pm with occasional extended hours for pre-camp morning and post-camp afternoon camper care. This will be discussed at orientation with assignments made to cover the before and after care camp times.

Please complete the attached forms and return to me at
Barbara Mazurak, Malta Youth Director
David R. Meager Malta Community Center
One Bayberry Drive
Malta, New York 12020

When I receive the completed applications, I may contact you for an interview. Please make sure that the reference information is filled in correctly with the name, address, and telephone number of the people that you are using as your references.

If you have any questions, please contact me at (518) 899-4411.

Sincerely yours,

Barbara Mazurak
Malta Youth Director



DEPARTMENT OF PARKS,
RECREATION & HUMAN SERVICES

TOWN OF MALTA

Malta Summer Recreation Employment Application 2025 Camp Malta Full Day Camp

Name _____
 Street Address _____
 Town _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Email Address _____

Position Applied For: Camp Malta Full Day Program _____ 8:45am-4:15pm
 You must be going to be a be a senior in high school in September 2025
 or in college to apply for a counselor in the Camp Malta Program.
 Dates: Monday, June 30, 2025- Friday, August 22, 2025 No camp July 4.

PREVIOUS WORK EXPERIENCE

Employer	Address	Phone	Supervisor
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Position	When Employed	Reason for Leaving	
Employer	Address	Phone	Supervisor
Position	When Employed	Reason for Leaving	
Employer	Address	Phone	Supervisor
Position	When Employed	Reason for Leaving	

May we call or write the above supervisor? _____

REFERENCES

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

Name	Address	Phone	Position
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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

Signature _____ Date _____
 Office Use: Date Application Received _____ Date of Interview _____



SARATOGA COUNTY DEPARTMENT OF PERSONNEL
APPLICATION FOR EMPLOYMENT
OR CIVIL SERVICE EXAMINATION

40 MCMASTER STREET, BALLSTON SPA, NY 12020
518-885-2225 www.saratogacountyny.gov
AN EQUAL OPPORTUNITY EMPLOYER WITH AN AFFIRMATIVE ACTION PROGRAM

Number
APPLICATION
Approved
Conditional
Disapproved

APPLICATION FOR EMPLOYMENT: Title of Position _____

APPLICATION FOR EXAMINATION: Title and # _____

This application is part of your examination. Please answer all questions completely and accurately. Attach additional sheets if necessary to provide required information. All statements are subject to verification.

1. NAME AND PERMANENT LEGAL RESIDENCE: (Please notify Saratoga County Department of Personnel in writing of any information changes.)

Last Name First Name M.I. Social Security Number (Required for exam)

Street City State Zip Code

Indicate below your actual permanent address and the length of time you have resided there continuously, up to and including date of this application.

Table with 4 columns: PROVIDE NAME, YEARS, MONTHS. Rows include School District, Village or City, Town of, County of, State of.

NOTE: It is your permanent legal residence that will determine eligibility for examination and appointment. Specific residency requirements are stated on the exam announcement.

2. MAILING ADDRESS: _____

(If different from above) Street City State Zip Code

3. EMAIL ADDRESS: _____

4. PHONE NUMBER: () Home () Business () Cell

5. AGE: If applying for the position of Deputy Sheriff, Police Officer, Correction Officer or any other position with minimum or maximum age limits (check exam announcement), please state date of birth: _____

6. SPECIAL TESTING ARRANGEMENTS:

RELIGIOUS ACCOMMODATION: Most written tests are held on Saturdays. If you cannot take the test on the announced test day due to a conflict with a religious observation or practice, check the space below.

I cannot be tested on the scheduled examination date due to a conflict with a religious observance or practice.

SPECIAL ACCOMMODATIONS IN TESTING: Saratoga County provides reasonable accommodations for individuals with a disability during application, examination, interview and employment. If you need a reasonable accommodation, check the space below and attach a written description of the accommodation sought. Medical documentation is required.

I require special accommodation to take this examination.

OTHER ACCOMMODATIONS NEEDED: If you require accommodation for reasons other than religious or disability, check the box below and attach a written description of the accommodation sought.

I require special accommodation to take this examination.

7. CHECK APPROPRIATE BOXES:

If you answer YES to any portion of questions 7a-f, provide details on a separate sheet. Your failure to answer these questions or to provide details will significantly delay any determination concerning your qualifications and may deprive you of potential employment opportunities. None of the above circumstances represent an automatic bar to employment. Each case is considered and evaluated on individual merit in relation to the duties and responsibilities of the position for which you are applying.

- a. Were you ever discharged from employment for reasons other than lack of work or funds, disability or medical condition?
- b. Did you ever resign rather than face discharge?
- c. Have you ever been convicted of a crime (felony or misdemeanor)?
- d. Has there ever been a complaint of workplace violence or harassment against you?
- e. Are you now under charges for any crime?
- f. Did you ever receive a discharge from the Armed Forces of the United States that was other than "Honorable", or which was issued under other than honorable conditions?
- g. Are you a retiree from New York State or any civil division thereof?
- h. Are you an exempt Volunteer Fireman?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

8. VETERANS CREDITS: Veteran's credits can be applied for on all examinations but may be used only once. You may not claim additional credits after the eligible list has been established. Any candidate who applies for such credit must submit a copy of DD214 with application.

Do you claim additional credits on this examination as an honorably discharged veteran?

NO -- Please go to Question 9
 YES -- AS A DISABLED WAR VETERAN
 YES -- AS A NON-DISABLED WAR VETERAN

YES NO
 Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil divisions?

COMPLETE THE REMAINDER OF THIS SECTION IF YOU:

1. Wish to claim War Time Veterans Credits, AND
2. Have NOT used veteran's credits for appointment to a position in NY State or its civil divisions.

EXTRA CREDITS FOR WAR TIME VETERANS -- Your answers must be "YES" to be eligible for additional credits

YES NO

I expect to receive or have already received a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof, and the National Guard when in service of the United States pursuant to call as provided by law, on a **full-time active duty other than active duty for training purposes.**

YES NO

I am now serving, or have served, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

In the Armed Forces:

- December 7, 1941 – December 31, 1946;
- June 27, 1950 – January 31, 1955;
- February 28, 1961 – May 7, 1975;

August 2, 1990 to the date when the Persian Gulf hostilities end.

Or earned the Armed Forces, Navy or Marine Corps Expeditionary medal for service in:

- Granada: October 23, 1983 - November 21, 1983;
- Lebanon: June 1, 1983 – December 1, 1987;
- Panama: December 20, 1989 – January 31, 1990.

Or in the U.S. Public Health Service:

- July 29, 1945 - December 31, 1946;
- June 27, 1950 - July 3, 1952.

I am a United States citizen or an alien lawfully admitted for permanent residence.
I am a New York resident.

YES NO
 YES NO

MSD-330

9. STUDENT LOANS:

Are you currently in default on any outstanding student loan(s) made or guaranteed by the New York State Higher Education Services Corporation? NO YES

10. YOUR EDUCATION: Read the exam announcement for educational requirements. Send a copy of your transcript **only** if required by the announcement.

Have you graduated from High School? NO YES

Name and Location of High School _____

If you have a High School Equivalency Diploma, indicate: Issuing Government Authority _____

Number _____ Date of Issue _____

College, University, Professional or Technical Schools:	Major subject or type of course	Did you graduate?	If you did not graduate, number of college credits	If graduated, type of degree received	Date degree received or expected
Name of School & City in which located		YES <input type="checkbox"/> NO <input type="checkbox"/>			Mo. / Yr.
Name of School & City in which located		YES <input type="checkbox"/> NO <input type="checkbox"/>			Mo. / Yr.
Name of School & City in which located		YES <input type="checkbox"/> NO <input type="checkbox"/>			Mo. / Yr.
Name of School & City in which located		YES <input type="checkbox"/> NO <input type="checkbox"/>			Mo. / Yr.

11. LICENSE OR CERTIFICATION:

If required on the announcement, do you have a valid license to operate a motor vehicle in New York State?

NO YES License Number: _____ Expiration Date: _____

Class of License: _____ Endorsements: _____ Restrictions: _____

Complete the following if a license, certificate or other authority to practice a trade or profession is required on the announcement(s).

Trade or Profession	License Number	Date License First issued	Registration				If you are not currently licensed, check this <input type="checkbox"/>
			Mo.	Yr.	Mo.	Yr.	
			From /	to /			
Specialty	Granted by (Licensing agency)		City/State				

The County of Saratoga does not discriminate because of age, race, creed, color, citizenship, national origin, sex, religion, marital status, criminal record, disability, limited English proficiency, low income status, political affiliation, genetic predisposition or carrier status, domestic violence victim status, pregnancy or sexual orientation.

NOTE: Federal Law requires employers to hire only U.S. citizens or aliens with the authorization to work in the U.S. Federal Law also requires that at the time of appointment, you provide to the employer certain information, including date of birth, country of origin, right to work in the U.S. and to provide for review certain documents establishing your identity and work authorization, such as birth certificates, etc.

12. **EXPERIENCE:** You must complete this section whether or not you submit a resume. Describe any employment, volunteer experience or military experience that qualifies you for the position sought. Begin with your most recent satisfactory proof of experience claimed. **A resume is NOT a substitute.**

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
Earnings: \$ per <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	Type of Business	Your Title	Name/Title/email or phone Information of Supervisor
Ave. hours per week:	Duties:		
Reason for leaving			

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
Earnings: \$ per <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	Type of Business	Your Title	Name/Title/email or phone Information of Supervisor
Ave. hours per week:	Duties:		
Reason for leaving			

Length of Employment From: Mo. Yr. To: Mo. Yr.	Name of Employer	Address	City and State
Earnings: \$ per <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	Type of Business	Your Title	Name/Title/email or phone Information of Supervisor
Ave. hours per week:	Duties:		
Reason for leaving			

13. **REFERENCES:** Do you have any objection to our contacting present or past employers to verify above?
 NO YES If yes, comment _____

Please print any other surnames (last names) by which you are or have been known: _____

DECLARATION: I declare, subject to the penalties of perjury, that the statements made in this application, including statements made in any accompanying papers, are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment.

Signature of Applicant _____

Date _____