



Dear Malta Summer Recreation Applicant:

Attached to this letter is an application for employment in the Malta Summer Recreation Program for the summer of 2026. The half day camp begins on Tuesday, July 7, 2026 and continues until Friday, August 14, 2026. The basic hours are from 9:00am until 1:00pm with occasional extended hours for field trips. Orientation date is Monday, July 6, 2026 at the Malta Community Center. You must attend orientation.

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,

A handwritten signature in cursive script that reads "Barbara Mazurak".

Barbara Mazurak
Malta Youth Director



TOWN OF MALTA

Malta Summer Recreation Employment Application 2026

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 July 1, 2026 to apply for the above program.

Dates of Employment: Monday, July 6, 2026-Friday, August 14, 2026.

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 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 _____



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.

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.

MSD-330

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 experience first and work backwards consecutively to your first position. Applicants may be required to furnish 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
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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