

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Last Name		First Name	Middle Name
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)		Date of Birth	Social Security

Best time to contact you at home is: _____ : _____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? If Yes, give date _____ ☐ Yes ☐ No

Have you ever been employed with us before? If Yes, give date _____ ☐ Yes ☐ No

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

If Yes, state name, relationship and location _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: ☐ Full Time (Please indicate 1 2 3 shift)

☐ Part Time (Please indicate Mornings Afternoon Evenings)

☐ Temporary (Indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Do you hold a current CDL License? ☐ Yes ☐ No

EDUCATION

SCHOOL	Name and Address Of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ☐ Yes ☐ No

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which are based on color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving			May We Contact? ____ Yes ____ No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving			May We Contact? ____ Yes ____ No

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason For Leaving			May We Contact? ____ Yes ____ No

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors

NAME	PHONE NUMBER	BEST TIME TO CALL	OCCUPATION
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby 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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless, such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of applicant

Date

Summer Kids Program Employee Bio

Full name: _____ Nickname: _____

Describe yourself in three words:

What are three of your favorite sports/hobbies/activities?

Did you go to camp as a child? If so, what is your best memory from camp? _____

Where/how do you see yourself in 5 years? _____

What are some of your personal and/or professional goals? _____

Name a talent or skill that you have that not many people know about: _____

What is the most interesting thing about you? _____

If you could be any animal, which would you be and why? _____

Name something you DON'T like to do: _____

If you could only eat one food for the rest of your life, what would it be? _____

Name a superhero you could be, and explain why: _____

Where do you wish to travel someday? _____

What is one of your biggest pet peeves? _____

What is your biggest fear/concern about your role at camp? _____

Is there anything else you want to include? _____
