

## **Employment Application**

Full Name:		Date:		
Address:				
City:	State:	ZIP C	ZIP Code:	
Cell Phone:( ) E-mail Address:				
	Set-up and Training- June 24th-27th		Please indicate any dates that you may	
	Session 1- June 29th - July 3rd		not be available:	
Dates Available:	Session 2- July 6th - July 10th			
	Session 3- July 13th - July 17th			
	Session 4- July 20th - July 24th			
	Session 5- July 27th - July 31st			
	Session 6- August 3rd - August 7th			
	Session 7- August 10th – August 14th			
	Camp Clean-up - August 17th – 18th			
Position Applied for	or:			
Tosition Applied R	J1.			
Are you a citizen o	f the United States? YES NO			
If no, are you auth	orized to work in the U.S.? YES NO			
Have you ever wor	ked for this company? YES NO If so, v	when?		
Have you ever bee	en convicted of a crime including child sex abu	ıse? YES NO		
Date of Birth (option	onal):			



## **Education**

High School:	From:To:				
Did you graduate? YES NO					
College:	From:To:				
Did you graduate? YES NO Degree:	Major:				
Post College:	From:To:				
Did you graduate? YES NO Degree:	Major:				
Reference	<u>S</u>				
Please list two professional references and one personal reference.					
Full Name:	Relationship:				
Company: Phon	e: ( )				
Address:					
Full Name:	Relationship:				
Company: Phon	e: ( )				
Address:					
Full Name:	Relationship:				
Company: Phon	e: ( )				
Address:					
<u>Previous Emplo</u>	<u>yment</u>				
Company: Ph	none: ( )				
Address:					
Contact: J	ob Title:				
Responsibilities:					
From: To:					
May we contact your previous supervisor for a reference	? YES NO				



Company:	Phone: ( )
Address:	
Contact:	
Responsibilities:	
From: To:	<del>_</del>
May we contact your previous supervisor	for a reference? YES NO
certify that my answers are true and com	plete to the best of my knowledge.
If this application leads to employment, I application or interview may result in my r	understand that false or misleading information in my release.
	ment is contingent upon a satisfactory completion of a k, a physical examination, drug testing and the completion
Signature:	
Dato:	