

EAST WHITELAND TOWNSHIP

APPLICATION FOR SUMMER CAMP

COUNSELOR POSITION

An equal opportunity employer

PERSONAL INFORMATION

Name: _____ S.S. #: _____
(Last) (First) (Middle)

Permanent Address: _____
Street City State Zip

Home Telephone: _____ Cell Phone: _____

Email Address: _____

Will you reach the required age of 16 by the start of camp? Yes No

Have you ever been convicted of a crime other than a minor traffic offense or are there charges presently pending against you for any crime other than a minor traffic offense? If yes, state the nature of the offense, date, city and state:

Do you have any experience working with or supervising children? (If yes, please explain)

Have you worked as a member a team in the past? Yes No

Of the following six (6) age groupings, which one would you prefer to work with: 5, 6, 7, 8, 9/10, 11/12?

Do you have CPR or First Aid Training: Yes No

Can you work the full four (4) weeks of camp? Yes No

Do you have the legal right to work in the United States? Yes No

RECORD OF EDUCATION

High School: _____ Location: _____ Degree or Expected Graduation Date: _____

College _____ Course of Study _____ Degree or Expected Graduation Date: _____

Other Education: _____

COMMUNITY LEADERSHIP ACTIVITIES

Please list any positions and experiences that show your community involvement and/or your leadership abilities, You may exclude affiliations that would reveal your age, gender, race, religion, national origin, ancestry, disability, sexual orientation, or other protected status:

RECORD OF PREVIOUS EMPLOYMENT (Use additional page if necessary)

(Provide Information of the previous employment including Military Service)

<p><u>Present or Most Recent Employer Name:</u> _____ <u>Street Address</u> _____ <u>City, State, Zip</u> _____ <u>Supervisor</u> <u>Telephone Number</u> ()</p>	<p><u>Employer Dates From:</u> _____ <u>Ending Salary:</u> _____</p>	<p><u>Position Held & Duties Performed</u> _____ <u>Reason for Leaving:</u> _____</p>
<p><u>Employer Name:</u> _____ <u>Street Address</u> _____ <u>City, State, Zip</u> _____ <u>Supervisor</u> <u>Telephone Number</u></p>	<p><u>Employer Dates From:</u> _____ <u>Ending Salary:</u> _____</p>	<p><u>Position Held & Duties Performed</u> _____ <u>Reason for Leaving:</u> _____</p>

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed discharge from employment. I authorize the Township to verify and investigate, at its discretion, the information contained herein and make such further investigation as it deems proper with respect to my employment history, work habits, job performance, and educational background, whether same is of written record or not: and I authorize my employers to furnish such information, and release them from any damage on account of furnishing such information. I agree that a photocopy of this signed application shall have the effect of an original.

Applicants Signature

Date