



500 Clubhouse Road, Vestal NY 13850

Phone: (607) 724-2410 Fax: (607) 724-2311

Employment Application for Day Camp Counselor

Please mail application to the attention of Kerie Lake, Camp Director, or email: KerieL@binghamtonjcc.org

(Please print or type all information)

Position applying for _____ Date of application _____

Personal Data:

Name: _____

Address: _____ Phone: _____

Specify and physical limitations: _____

Educational Data:

School attending and address: _____

Years Completed: _____ Degree: _____

College Attending and address: _____

Years completed: _____ Degree/Major: _____

Present School Status: _____ Other Education/Certification: _____

If any, please explain: _____

Do you have Red Cross certification in Lifeguard Training, WSIT, CPR, First Aid, etc? If so, please give details & expiration date:

Organizational Affiliations:

Special Skills:

Please check any activities listed below which you would be able to organize and teach with confidence.

(Check all that apply)

- | | | | |
|--|--------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Camp Crafts | <input type="checkbox"/> Dancing | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Music | <input type="checkbox"/> Nature | <input type="checkbox"/> Sports | <input type="checkbox"/> Water Activities |
| <input type="checkbox"/> Jewish Programs | <input type="checkbox"/> Other | | |

Please explain:

Please list any hobbies:

(MORE)

Employment Experience:

	Employer	Address	Dates	Position	Salary	Supervisor
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

Did you ever attend camp as a camper? If so, please list where and when:

Please give us a brief biographical sketch, including specialized training or experience in camp which might have a bearing on this application. (Please attach extra page(s), if necessary)

What type of position were you looking for at camp? _____

What age group do you prefer? First Choice: _____ Second choice: _____

References

List 3 people other than your relatives that know you personally. Please give complete names, addresses and phone numbers:

	NAME	ADDRESS	RELATIONSHIP	PHONE	YEARS KNOWN
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on the application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise, and release all parties from all liabilities for any damages they may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature: _____ Date: _____

Do not write below this line

Interviewed by _____ Date: _____

Remarks _____

Neatness _____ Character _____

Personality _____ Ability _____

Hired: ___ YES ___ NO Position _____ Salary _____

Salary to be paid: ___ Bi weekly ___ Monthly ___ End of Summer. (Please specify one)

Approved _____ Title _____