

**PEMBROKE RECREATION DEPARTMENT
EMPLOYMENT APPLICATION**

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Date Available						
Position Applied for						
Are you at least 16 years of age?	YES <input type="checkbox"/>	YES <input type="checkbox"/>				
Are you a citizen of the United States?	YES <input type="checkbox"/>	YES <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EDUCATION

Name of school & location (High School/College/University)	Dates Attended From To	Major If applicable	Date of Graduation (actual or projected)

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

_____ Initial

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

ABOUT YOU
Please describe any awards special recognition that you received at work, school, or as a volunteer:
Indicate any special skills and interests such as archery, arts & crafts, drama, sports, rock-climbing, nature, or other:

_____ Initial

<p>List any hobbies or special interests you have that might prove beneficial to you as a camp counselor:</p>
<p>Please tell us why you want to work as a camp counselor with children:</p>
<p>Please describe something that you've done at work, school (while volunteering, or at a place of worship) that you are especially proud of.</p>
<p>Do you have any previous camp experience? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, as a camper <input type="checkbox"/> or a staff member <input type="checkbox"/></p>
<p>What age youth do you most prefer to work with (On a scale of 1-3, 1 being your first choice</p> <p>Ages 5-6 years _____ Ages 7-9 years _____ Ages 9-12 years _____</p>
<p>Are you currently certified in First Aid? YES <input type="checkbox"/> NO <input type="checkbox"/> Expiration Date:</p>
<p>Are you currently certified in CPR? YES <input type="checkbox"/> NO <input type="checkbox"/> Expiration Date:</p>

The After School Program will run September 2nd through June 17th (tentative last day). Shifts range within Monday-Friday 2:30 PM-5:30 PM. It is not possible to play high school sports year round and work in the After School Program. Counselors are required to possess a current First Aid and CPR Certification while working and must submit to a CORI background check. Counselors are also required to attend a MANDATORY orientation 10:00 AM to Noon on Monday, August 25th. Orientation date is tentative and subject to change.

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date