CAMP SOAR EMPLOYMENT APPLICATION

PERSONAL INFORMATION

First & Last Name: _____

Preferred Name or Nickname: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: (_____) _____

Emergency Contact & Number _____

Email Address: _____

HIRING INFORMATION

Have you ever applied to or worked for Camp SOAR before? [   ] Yes or [   ] No

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Camp SOAR]? [   ] Yes or [   ] No

If yes, state name & relationship: _____

If hired, would you have transportation to and from work? [   ] Yes or [   ] No

Are you over the age of 18? [   ] Yes or [   ] No   Age: _____   Date of Birth: _____

Have you ever been a Camp Soar camper?   [   ] Yes or [   ] No

POSITION & AVAILABILITY

Name of position for which you are applying:

_____ Lead Counselor (*Teaching Degree or in College for Education or a Related Career*)

_____ Senior Counselor (18+ or HS graduate)   _____ Junior Counselor (16 to 18 years)

_____ Junior Counselor Mentor program (14 to 16 years)   _____ Volunteer Position

Are you available to begin on June 24 and work through August 2? Only 1 week for vacation is given to stay consistent.
[   ] Yes or [   ] No

Day Availability: _____ Monday _____Tuesday _____Wednesday _____Thursday _____Friday

Time Availability: _____8:45 AM to 12:15 PM _____12:00 PM to 3:15 PM for aftercare

List all dates needed off for vacation: _____

EMPLOYMENT HISTORY IF APPLICABLE

Position Title: _____

Responsibilities: _____

Employer: _____

From: _____To: _____

Employer address: _____

Manager: _____

Phone: _____

May we contact this employer?   [   ] Yes or [   ] No

Reason for leaving: _____

Position title: _____

Responsibilities: _____

Educational Background: Highest degree earned: _____   School: _____   Grade: _____

List any work-related training and certifications: _____

REFERENCES

Reference #1

Name: _____

Contact Information: _____

Title & Years Known: _____

Reference #2

Name: _____

Contact Information: _____

Title & Years Known: _____

I authorize you to verify the information listed above. I certify that the information contained in this employment application is accurate and truthful. I understand that providing false information on this application may be grounds for not offering me employment or for the termination of my employment at any point in the future.

Applicant Signature: _____

Date: _____