

APPLICATION FOR EMPLOYMENT FOR LYSANDER DAY CAMP

2010 Camp Dates: July 6th – August 20th

Mandatory Training: June 30th & July 1st

NAME: _____ HOME NUMBER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

COLLEGE ADDRESS: _____

CELL NUMBER: _____ BIRTHDATE: _____ AGE: _____ T-SHIRT SIZE: _____

E-MAIL: _____

POSITION APPLYING FOR:

- | | |
|-------------------------------------|------------------------------------|
| 1) Day Camp Group Counselor _____ | 5) Music Counselor (1) _____ |
| 2) Extended DC Supervisor (2) _____ | 6) Mix & Match Counselor (1) _____ |
| 3) Sports Counselor (1) _____ | 7) Life Guard (2) _____ |
| 4) Craft Counselor (1) _____ | 8) Aquatics Director (1) _____ |

EDUCATION: High School _____ (year) College _____ (year)

PREVIOUS EMPLOYMENT: Provide a full record of all employment – paid and volunteer .

Dates	Employer/Supervisor	Phone	Nature of Work	Reason for leaving

ARE YOU CERTIFIED IN ANY OF THE FOLLOWING:

Water Safety Instructor	Yes _____	No _____	Expiration Date _____
Life Guard Training	Yes _____	No _____	Expiration Date _____
CPR for Youth/Infant	Yes _____	No _____	Expiration Date _____
CPR/BLS	Yes _____	No _____	Expiration Date _____
Standard First Aid	Yes _____	No _____	Expiration Date _____

What do you think you can bring to our Summer Camp program? _____

Harassment The Camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment?

Yes No

If YES, please explain: _____

Criminal Record Have you ever been convicted of a crime, other than a minor traffic offense?

Yes No

If YES, please explain: _____

References Give name and addresses of three persons (not relatives) having knowledge of your character, experience, work habits and ability.

Name	Address & City	Phone

I authorize investigation of all statements herein, including checks of criminal records and release the Town of Lysander and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.

Signature _____

Date _____

Parent Signature (if under 18) _____

Date _____

Mail To: Lysander Parks & Recreation
8220 Loop Rd
Baldwinsville, New York 13027