



500 Clubhouse Road, Vestal NY 13850

Phone: (607) 724-2417 x421 Fax: (607) 724-2418

# Employment Application for Day Camp Counselor

Please mail application to the attention of Lynette Errante, Camp Director, or email: [LynetteE@binghamtonicc.org](mailto:LynetteE@binghamtonicc.org)

(Please print or type all information)

Position applying for \_\_\_\_\_ Date of application \_\_\_\_\_

**Personal:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Specify any physical limitations: \_\_\_\_\_

\_\_\_\_\_

**Education:**

High School: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Degree: \_\_\_\_\_

College (If applicable): \_\_\_\_\_

Years completed: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

Present School Status: \_\_\_\_\_

Do you have Red Cross certification in Lifeguard Training, WSI, 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)

Arts and Crafts

Science

Dancing

Drama

Music

Nature

Sports

Water Activities

Jewish Programs

Other: \_\_\_\_\_

Please explain:

\_\_\_\_\_

\_\_\_\_\_

Please list any hobbies:

\_\_\_\_\_

\_\_\_\_\_

Would you be interested in working Before Camp Care(7:45-9am) or After Camp Care(3:30-5:30pm)?: \_\_\_\_\_

Please specify preference: \_\_\_\_\_

(MORE)

**Employment Experience:**

	Employer	Dates Employed	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?(please circle) **Jr Counselor**      **Counselors**      **Lifeguard**      **Specialist**

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	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 \_\_\_\_\_