



Name _____ Sex: Male Female
(Last) (First)

Address _____
(Street) (City) (State) (Zip)

Phone () _____ Social Security # _____ Birthdate _____

Present Occupation _____ Email address _____

<u>EDUCATION</u>	<u>SCHOOL</u>	<u>CURRENT GRADE</u>	<u>DATES ATTENDED</u>	<u>DEGREE/or CURRENT MAJOR</u>
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

CHARACTER AND REFERENCES
 List 3 people who know of your work such as teachers, employers, etc. No family members please.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever been charged, either criminally or civilly, with sexual abuse, sexual harassment or discrimination? Yes No

Have you ever been convicted of a felony? Yes No

If you answered Yes to either of the last two questions, please explain. _____

EXPERIENCE
 List PAID EXPERIENCE in order of most recent position.

<u>ORGANIZATION</u>	<u>TYPE OF WORK</u>	<u>DATES</u>	<u>EMPLOYER</u>	<u>PHONE NUMBER</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

List any VOLUNTEER EXPERIENCE you have had.

1. _____
2. _____
3. _____

What related experience with children have you had? Teaching, recreation, babysitting, etc. (include ages and gender)

Employment Application

Be sure to complete reverse side.

ACTIVITIES - Check once the activities below that you like to do. Check twice those activities that you could teach or help teach.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Archery | <input type="checkbox"/> <input type="checkbox"/> Challenge Course | <input type="checkbox"/> <input type="checkbox"/> Gymnastics | <input type="checkbox"/> <input type="checkbox"/> Science |
| <input type="checkbox"/> <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> <input type="checkbox"/> Computers | <input type="checkbox"/> <input type="checkbox"/> Hockey | <input type="checkbox"/> <input type="checkbox"/> Singing |
| <input type="checkbox"/> <input type="checkbox"/> Baseball | <input type="checkbox"/> <input type="checkbox"/> Cooking | <input type="checkbox"/> <input type="checkbox"/> Music | <input type="checkbox"/> <input type="checkbox"/> Story Time |
| <input type="checkbox"/> <input type="checkbox"/> Basketball | <input type="checkbox"/> <input type="checkbox"/> Dancing | <input type="checkbox"/> <input type="checkbox"/> Nature | <input type="checkbox"/> <input type="checkbox"/> Swimming |
| <input type="checkbox"/> <input type="checkbox"/> Baton Twirling | <input type="checkbox"/> <input type="checkbox"/> Electronics | <input type="checkbox"/> <input type="checkbox"/> Photography | <input type="checkbox"/> <input type="checkbox"/> Tennis |
| <input type="checkbox"/> <input type="checkbox"/> Camp Craft | <input type="checkbox"/> <input type="checkbox"/> Games (active) | <input type="checkbox"/> <input type="checkbox"/> Puppetry | <input type="checkbox"/> <input type="checkbox"/> Video Production |
| <input type="checkbox"/> <input type="checkbox"/> Carpentry | <input type="checkbox"/> <input type="checkbox"/> Games (quiet) | <input type="checkbox"/> <input type="checkbox"/> Rocketry | |
| <input type="checkbox"/> <input type="checkbox"/> Other _____ | | | |

CERTIFICATIONS - Please indicate any current certifications you have by filling in the expiration date below.

AMERICAN RED CROSS/YMCA CERTIFICATIONS

OTHER CERTIFICATIONS

- | | | |
|-------------------------------------|--|-----------------------------|
| Lifeguard Training _____ | Responding to Emergencies (RTE) _____ | Teacher Certification _____ |
| Lifeguard Training Instructor _____ | Community CPR _____ | RN/LPN Certification _____ |
| Water Safety Instructor (WSI) _____ | CPR for the Professional Rescuer _____ | EMT Certification _____ |
| Standard First Aid _____ | Other (specify) _____ | Other (specify) _____ |

SUMMER POSITIONS

Check position you are applying for:

- General Counselor
 Specialty Counselor
 Waterfront
 Food Service
 Maintenance
 Nurse

Age group preference:
 3-4 Year Olds
 5-6 Year Olds
 7-8 Year Olds
 9-10 Year Olds
 11-13 Year Olds

Indicate your swimming ability:
 Non-Swimmer
 Beginner
 Intermediate
 Advanced

What experience, if any, do you have teaching swimming? _____

What general camp experience have you had, if any? Describe. _____

Are there any obligations requiring you to need time away from summer camp? _____

SCHOOL YEAR POSITIONS

Check position you are applying for:
 Area Supervisor
 Class Instructor
 Class Assistant

Age group preference:
 5-6 Year Olds
 7-8 Year Olds
 9-10 Year Olds

Signature _____ Date _____



Background Investigation Consent

I, _____, hereby authorize the Purchase Community Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable during the tenure of my employment with the company.

I release the Purchase Community Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete name and all information is true and correct to the best of my knowledge.

_____		_____		_____	
Legal First Name	<i>(PRINT PLEASE)</i>	Middle Name		Last Name	
_____		_____		_____	
House/Apt #	Permanent Home Address	City	County (i.e. Westchester, Dutchess)		
_____	_____	_____	_____		
State	Zip	Social Security #	() _____	() _____	_____
			Phone #	Cell Phone #	
____/____/____	_____		_____		
* Date of Birth:	Driver's License #	and	State Issued	Email Address	

* NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. The Purchase Community Inc. is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.

I understand that my failure to complete this form will cause me to forfeit the opportunity to interview for a position at the Purchase Community Inc.

Signature _____ Date ____/____/____

Signature of Parent/Guardian if under the age of 18 _____ Date ____/____/____