

FIRST LUTHERAN DAY CAMP

EMPLOYMENT APPLICATION

Applicant Information

Last Name: _____ First Name: _____

Date of Application: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Current Address (If applicable): _____

Date of Birth: _____

E-mail Address: _____

Cell Phone#: _____

Position Applying For

Which position would you like to apply for? _____

Which age group do you prefer working with? Rate 1-4 (1=most preferred, 4=least preferred)

Grades PreK - 1 _____ Grades 2-3 _____ Grades 4-5 _____ Grades 6-7 _____ Grades 8+ _____

Days available: _____ Hours available: _____

Can you perform the essential functions of the job for which you are applying with or without accommodations?

Yes _____ No _____

Education

Name and Location	Graduated	Area of Study
High School _____ _____	Y / N	_____
College/University _____ _____	Y / N	_____
Graduate/Professional _____ _____	Y / N	_____
Other (Specify) _____ _____	Y / N	_____

Extracurricular activities, organization memberships, interests and hobbies: _____

Work Experience

List your most recent employer first:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ to _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ to _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ to _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Camp Experience

Camp(s) Attended: _____ When: _____

Attended: _____ When: _____

Attended: _____ When: _____

Describe your experience: _____

Have you ever been employed by another camp? If so, please list which one and supervisor's name and contact information:

Counselor Skills

Please circle your skills:

Lead Singing

Soccer

Ultimate Frisbee

Singing

Guitar

Storytelling

Humor

Frisbee Golf

Arts and Crafts

Drama

Group Games

Hiking

Kickball

Small Group Leading

Piano

Basketball

Love of Kids

Public Speaking

Laughing

Listening

Photography

Sewing

Knitting

Dancing

Tutoring

Peer Leadership

Cooking

Science Activities

Other: _____

Certifications

Do you hold any current certifications in courses that would apply to camp (first aid, CPR, life guard training, etc.)? If yes, please list, give expiration dates and provide a copy of your certificate:

References

Please list three non-related people that know of your ability to work with children.

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____

Name: _____ Relationship: _____

Phone: _____ Email: _____