

Camp Hollis Staff Application

Applicant: Please complete pages 1-5
Type or Print
Attach additional sheets if needed

Youth Bureau: Date received _____
Interviewed _____
References contacted 1 ___ 2 ___ 3 ___

GENERAL INFORMATION

Name _____

Permanent Address _____ Phone # _____
Street, City, State, Zip code

U.S. Citizen: YES NO

***Some Camp Hollis jobs require applicants to be a minimum age according to NYS Dept. Of Health Codes:
Waterfront Dir.: 21 yrs of age / Lifeguard: 17yrs of age / Counselor: 17 yrs of age./ Kitchen Helper: 17 yrs
of age**

If applying for a position that requires a minimum age, do you meet the requirement. YES NO

Email Address _____

School address (if different from permanent address) _____

School phone # _____ Date(s) you will be at this address _____

Explain any limitations which would prohibit you from completing job duties. _____

Dates available to work - from _____ to _____

Specify any anticipated dates during the summer that you would be unable to work

Have you ever been convicted of any criminal offense other than minor traffic violations? If so, please explain in detail.

Are you now, or have you ever been, involved in litigation concerning any form of child abuse?

YES NO

TYPE OF POSITION DESIRED

1st Choice _____ 2nd Choice _____

Why are you applying for this position (if applying for a leadership position, attach additional sheet to explain. Please offer specific ideas/activities that support your ability to successfully lead these areas. **Please give special attention to previous experience in a leadership role).**

Please complete - even if resume is attached

Employment Record

Employer

Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Phone # _____ May we contact this employer? Yes ___ No ___

Start Date _____ Starting Salary _____ Initial Position Title _____

Position Description _____

End Date _____ Final Salary _____ Present or Final Position _____

Reason for leaving _____

Employer

Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Phone # _____ May we contact this employer? Yes ___ No ___

Start Date _____ Starting Salary _____ Initial Position Title _____

Position Description _____

End Date _____ Final Salary _____ Present or Final Position _____

Reason for leaving _____

Employer

Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Phone # _____ May we contact this employer? Yes ___ No ___

Start Date _____ Starting Salary _____ Initial Position Title _____

Position Description _____

End Date _____ Final Salary _____ Present or Final Position _____

Reason for leaving _____

Related experience (babysitting, tutoring, teaching Sunday School, Scouts, odd jobs, etc.): _____

Education and Training

High School Last Attended

Name of School _____ City and State _____

Dates Attended: From ___/___/___ to ___/___/___ Graduate? Yes___ No___

Type of Degree or Diploma _____

College, University or Technical School

Name of School _____ City and State _____

Dates Attended: From ___/___/___ to ___/___/___ Graduate? Yes___ No___

Type of Degree or Diploma _____

College, University or Technical School

Name of School _____ City and State _____

Dates Attended: From ___/___/___ to ___/___/___ Graduate? Yes___ No___

Type of Degree or Diploma _____

Other (e.g. business, etc.)

Name of School _____ City and State _____

Dates Attended: From ___/___/___ to ___/___/___ Graduate? Yes___ No___

Type of Degree or Diploma _____

Professional organizations, associations, certifications, professional licenses (please indicate the Professional License Number and State of Issuance), publications, academic honors, scholarships, etc. you consider relevant to employment. _____

