

Date of Application\_\_\_\_\_

## DEPTFORD SKATING CENTER SUMMER DAY CAMP

APPLICATION FOR EMPLOYMENT

*An equal opportunity employer*

### Personal Information

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Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (must be at least 18yrs old)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Do you have reliable means of transportation to work: Yes No

Are you legally authorized to work in the US? Yes No

\*Have you ever been convicted of a felony? Yes No

\*CPR Certified: Yes No    \*First Aid Certified: Yes No    Lifeguard Certified: Yes No

Wage Desired: \_\_\_\_\_ per hour    Position Desired: \_\_\_\_\_

Available Date Range: \_\_\_\_\_ until \_\_\_\_\_

Hours Available: (camp hours are 7am-6pm)

Mon \_\_\_\_ to \_\_\_\_ /Tues \_\_\_\_ to \_\_\_\_ /Wed. \_\_\_\_ to \_\_\_\_ /Thurs \_\_\_\_ to \_\_\_\_ /Fri \_\_\_\_ to \_\_\_\_

Do you know anyone who works here? \_\_\_\_\_ relationship \_\_\_\_\_

### Education

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	Name of School	Years Completed/ Year Graduated	Comments
High School	_____	_____	_____
College	_____	_____	_____
Trade School	_____	_____	_____

**Must provide a minimum of 3 References between Work and Camp Experiences**

Work History

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Past work History: Provide a full record of all employment – paid and volunteer (include babysitting, and side jobs)

1) Name & Address of Employeer \_\_\_\_\_

Worked From \_\_\_\_\_ to \_\_\_\_\_ Supervisor Name & Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2) Name & Address of Employeer \_\_\_\_\_

Worked From \_\_\_\_\_ to \_\_\_\_\_ Supervisor Name & Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3) Name & Address of Employeer \_\_\_\_\_

Worked From \_\_\_\_\_ to \_\_\_\_\_ Supervisor Name & Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Camp/Teaching Experience

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1) Name & Address of Employeer \_\_\_\_\_

Worked From \_\_\_\_\_ to \_\_\_\_\_ Supervisor Name & Phone \_\_\_\_\_

Position Held \_\_\_\_\_

2) Name & Address of Employeer \_\_\_\_\_

Worked From \_\_\_\_\_ to \_\_\_\_\_ Supervisor Name & Phone \_\_\_\_\_

Position Held \_\_\_\_\_

3) Name & Address of Employeer \_\_\_\_\_

Worked From \_\_\_\_\_ to \_\_\_\_\_ Supervisor Name & Phone \_\_\_\_\_

Position Held \_\_\_\_\_

What contributions do you think you can make to our camp?

\_\_\_\_\_  
\_\_\_\_\_

Please describe an experience you have had working with children.

\_\_\_\_\_  
\_\_\_\_\_

Harassment: Our camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, & other forms of harassment. Have you been accused of harassment of any person including, but not limited to, workplace harassment? (Note: a prior accusation is not an automatic bar to employment. This type of accusation & when it occurred will be evaluated by the camp before any decision is made.) \_\_\_Yes \_\_\_ No

Criminal Record: Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp before any decision is made.)

\_\_\_ Yes \_\_\_ No If Yes, Explain: \_\_\_\_\_

I understand, acknowledge and agree that I am being hired as a seasonal employee for the DSC Summer Camp and that any other terms of employment I have had or may have with DSC as a seasonal employee do not infer or imply any permanent status or employment relationship with DSC. I also understand and agree that I have no property right in my employment and may be terminated at the will of DSC for any or no cause, and that DSC is not required to give a reason for termination. As a seasonal employee, I understand I am not entitled to accrue sick or vacation leave and am not entitled to any of the rights and benefits of employment to which other employees are entitled.

I further understand and agree that my term of service as a seasonal employee may be for a period of up to three (3) months, but will not exceed three (3) months from my effective start date. I understand that I may not exceed the length of service limitations as defined above and that my exceeding this limitation will subject me to immediate termination.

Upon hiring you must complete a NJ state criminal background check (DSC does not pay for this). If you are not CPR/First Aid Certified DSC will provide free of cost.

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp 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. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_