

2022 DAY CAMP COUNSELOR APPLICATION

Manursing Island Club



YOU MUST BE AT LEAST 16 YEARS OLD TO APPLY FOR A DAY CAMP COUNSELOR POSITION!

APPLICATION DATE:

NAME		
DATE OF BIRTH		
AGE: ARE YOU AT LEAST 16 YEARS OLD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HOW DID YOU LEARN ABOUT "THE MANURSING DAY CAMP"?		
LIST THE NAMES OF ANY STAFF MEMBERS YOU KNOW		

HOME ADDRESS:

STREET ADDRESS		
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	
EMAIL ADDRESS	BEST DAY(S) & TIME TO CALL	

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, disability or any other protected group.

EDUCATION

NAME OF HIGH SCHOOL		SEMESTER YOU WILL BEGIN THIS FALL
ADDRESS (STREET, CITY, STATE & ZIP)		
EXTRACURRICULAR ACTIVITIES		
NAME OF COLLEGE		SEMESTER YOU WILL BEGIN THIS FALL
ADDRESS (STREET, CITY, STATE & ZIP)		
MAJOR	MINOR	
EXTRACURRICULAR ACTIVITIES		

SPECIAL SKILLS/TALENTS

Please list any special skills and/or talents that you have that you could teach children ages 3-10.

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WORK EXPERIENCE

List your information for the two to three most recent jobs (paid) beginning with your most recent position.

EMPLOYER		POSITION	
ADDRESS (STREET, CITY, STATE & ZIP)			
DATES EMPLOYED FROM: TO:		IMMEDIATE SUPERVISOR	PHONE NUMBER OF SUPERVISOR
EMPLOYER		POSITION	
ADDRESS (STREET, CITY, STATE & ZIP)			
DATES EMPLOYED FROM: TO:		IMMEDIATE SUPERVISOR	PHONE NUMBER OF SUPERVISOR
EMPLOYER		POSITION	
ADDRESS (STREET, CITY, STATE & ZIP)			
DATES EMPLOYED FROM: TO:		IMMEDIATE SUPERVISOR	PHONE NUMBER OF SUPERVISOR

DAY CAMP COUNSELOR APPLICATION FORM (CONT.)

VOLUNTEER EXPERIENCE

List your volunteer experience (school, community, etc.)

NAME OF ORGANIZATION	YOUR ROLE
ADDRESS (STREET, CITY, STATE & ZIP)	
IMMEDIATE SUPERVISOR	PHONE NUMBER OF SUPERVISOR
NAME OF ORGANIZATION	YOUR ROLE
ADDRESS (STREET, CITY, STATE & ZIP)	
IMMEDIATE SUPERVISOR	PHONE NUMBER OF SUPERVISOR

REFERENCES

List three references - may include teachers, administrators, coaches, clergy, work or volunteer supervisors

NAME	PHONE NUMBER
RELATIONSHIP TO YOU	
NAME	PHONE NUMBER
RELATIONSHIP TO YOU	
NAME	PHONE NUMBER
RELATIONSHIP TO YOU	

CONVICTION RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, STATE DETAILS AND DATES: _____

(CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS, SHOULD WE BE MADE AWARE OF ANY CHANGE IN NAME OR ASSUMED NAME THAT YOU PREVIOUSLY USED?

YES NO IF YES, IDENTIFY NAME (S) AND RELEVANT DATES: _____

IF YOU HAVE WORKED FOR MANURSING ISLAND CLUB BEFORE, STATE WHEN, FINAL POSITION, SUPERVISOR, AND REASON FOR LEAVING:

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?

YES NO IF YES, PLEASE EXPLAIN:

PERMISSION TO WORK

IF EMPLOYMENT IS OFFERED, CAN YOU PRODUCE IDENTIFICATION SUCH AS A U.S. PASSPORT, A DRIVER'S LICENSE OR PHOTOGRAPHIC IDENTIFICATION CARD ISSUED BY THE STATE?

YES NO

IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT A BIRTH CERTIFICATE, SOCIAL SECURITY CARD, CERTIFICATE OF U.S. CITIZENSHIP OR VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?

YES NO

EMERGENCY NOTIFICATION DESIGNATION

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE NO. _____

STREET ADDRESS _____ CITY _____ STATE & ZIP _____

REFERRAL SOURCE, CHECK ONE

WALK-IN APPLICANT	<input type="checkbox"/>	COMMUNITY COLLEGE	<input type="checkbox"/>
EMPLOYMENT AGENCY	<input type="checkbox"/>	NAME _____	
NAME _____		EMPLOYEE REFERRAL	<input type="checkbox"/>
SCHOOL / COLLEGE	<input type="checkbox"/>	NAME _____	
NAME _____		NEWSPAPER AD	<input type="checkbox"/>
		OTHER _____	

CAREER OBJECTIVES

WHAT ARE YOUR CAREER OBJECTIVES?

1. _____
2. _____
3. _____

DAY CAMP COUNSELOR APPLICATION FORM (CONT.)

CANDIDATE'S PERSONAL STATEMENT



Please attach a brief (one page maximum) typewritten sheet to this application and describe your special interests, talents, hobbies or other helpful background information which will support your candidacy for a staff position at Manursing.

REMINDERS

- A. Please note that if you are a finalist for a position we reserve the right to contact any listed work **or** volunteer **or** reference individual listed.
- B. Please submit your completed forms to the club office as soon as possible. We will only contact you if a vacancy exists and we wish to schedule an interview.

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying information.

I hereby agree to submit to any lawful drug, integrity, skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I further agree to submit to search of my person or of any locker or work area that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

I understand that this application is valid 90 days; I will reapply after that time if I am still interested in employment. I also understand that my employment is terminable-at-will, and that this application is not, and is not intended to be, a contract for continued employment.

SIGNATURE: _____

DATE: _____