



brookhaven country day camp

LONG ISLAND AVENUE YAPHANK, NEW YORK 11980

(631) 924-4033 Fax: (631) 924-4416

www.brookhavendaycamp.com E-mail: info@brookhavendaycamp.com

Employment Application

Please type or print clearly
Fill in all areas completely

Brookhaven Country Day Camp is an equal opportunity employer. Facts relating to your race, color, national origin, sex or age are not considered in determining your qualifications for employment.

Date of Application _____

Name _____ Social Security No. _____

Permanent Address _____ Phone () _____
Street and Number City State Zip

Date of Birth _____ E-Mail _____ Cell () _____

EDUCATION

College	Location	Dates	Major	Degree
High School	Location	Dates	Program	Graduate

PAST EMPLOYMENT

(List previous two summers or years)

Dates	Employer	Address/Phone	Nature of Work	Supervisor	Reason for Leaving

Indicate any employer you do not wish us to contact and the reason _____

CAMP EXPERIENCE

Dates	Camp	Director	Address	Camper or Staff

REFERENCES

(Give names/addresses of 3 persons (not relatives) having knowledge of your character, experience and ability)

Name	Address and City	Phone

What type of position do you want at camp? _____ Salary desired? _____

Dates available From _____ To _____

Are there any reasons you may have difficulty in performing any of the essential elements of the job for which you have applied? Yes No If so, explain _____

* List the athletic activities that you consider yourself capable of teaching:

* List the craft(s) that you consider yourself capable of teaching:

* List any other area in which you consider yourself knowledgeable and/or capable of teaching:

* Please list any other pertinent information which you feel would qualify you for the position of counselor:

* List all certifications that you now hold and their expiration dates:

Driving

1. How many years have you been driving _____. Month and year you first received your driver's license _____.
2. Would you be willing to drive a 15-passenger vehicle to pick up and return home, camp children? _____.
3. Would you be willing to drive your own car to pick up and return home, camp children? _____.
4. Would you like to be a bus counselor on a school bus? _____.
5. Driver's license# _____ State issued from _____.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
IF YES, EXPLAIN WHEN, WHERE AND DISPOSITION OF CASE _____

IN CASE OF EMERGENCY PLEASE CALL _____
Last name First Name Home Phone Bus. Phone

Address-Street City State Zip

I authorize investigation of all statements herein and release the camp and all others from liability in connection with the same. I understand, that if employed, I will be an at-will employee and that any agreement to the contract must be in writing and signed by the director of the camp. I also understand that untrue, misleading or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

SIGNATURE _____ DATE _____

(All statements become part of my future employee personnel file)

Do not write below this line

Reference: _____

FOR OFFICE USE ONLY

High School _____

College _____

ID (License) _____

College ID _____

Recommended by _____

	Above Average	Average	Below Average
Appearance			
Maturity			
Speech			
Interview			
Evaluation			