SWARTHMORE RECREATON ASSOCIATION (SRA)

SUMMER CAMP JOB APPLICATION

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete, your application may not be accepted. If you have no information to enter in a section, please write N/A.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Information** | | | | | | | |
| Name | | | | Social Security Number | | | |
| Address | | | | | | | |
| City, State, and Zip Code | | | | | | | |
| Cell Phone Number | | | | Home Phone Number (if you have one) | | | |
| Date of Birth | | | | Email | | | |
| **Job Type** | | | | | | | |
| **Days/hours available to work** | | | | | | | |
|  I have no preference |  Summer camp (4 days/week) |  Pre-school camp counselor (5 days/week) |  Sports Camp (5 days/week, field trip most Fridays) |  |  Volunteer Camp Counselor |  Camp  Administrative Assistant |  |
| **Additional Information** | | | | | | | |
| Have you ever worked for SRA in the past? | | | | | |  Yes |  No |
| What jobs have you had with SRA in the past? | | | | | |  |  |
| Do you have a driverʹs license?  Yes  No | | | | Driverʹs license number | | Issued in what state? | |
| Have you had any accidents during the past three years? | | | | | | How many? | |
| Have you had any moving violations during the past three years? | | | | | | How many? | |

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| **Education** | | | |
| School | City and State | Years Completed |
|  |  |  |

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| --- | --- | --- | --- |
| **Work Experience** | | | |
| Name of Employer | Name of manager/supervisor | Hrs/week | |
| Address | Start Date | |
| City and State | End Date | |
| Phone number |  | | |
| List the jobs you held while you worked for this employer. | | | |
| May we contact this employer?  Yes  No | | | |

|  |  |
| --- | --- |
| **References** | |
| *Please include name, phone number, and how you know them (parent, teacher, former/current employer).* | |
| 1. | |
| 2. | |
| 3. | |
| ***I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with SRA terminated.*** | |
| Signature | Date |