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.

		Contact I	nformation			
Name				Social Security Number		
Address						
City, State,	and Zip Code					
Cell Phone Number				Home Phone Number (if you have one)		
Date of Birt	h	Email (please print clearly)				
		Job	Туре			
			vailable to wor	k		
☐ 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	Please check all that you are interested in
		Additional	Information			
Have you e	ver worked for SRA	in the past?			□ Yes	□No
What jobs h	ave you had with SR	A in the past?				
Do you have a driver's license? ☐ Yes ☐ No				Driver's license number	Issued in what state?	
Have you had any accidents during the past three years?					How many?	
Have you h	ad any moving viola	tions during the past t	hree years?		How many?	
			4 - 4 0		1	

Education										
School	City and State	ation								
			Years Completed							
Work Experience										
Name of Employer		Name of mar	of manager/supervisor Hrs/week							
Address		Start Date								
City and State		End Date								
Phone number										
List the jobs you held while y	ou worked for this employe	er.								
May we contact this employe	r? 🗆 Yes 🗆 No									
	Refere									
	number, and how you know them	(parent, teacher,	, former/current employer).							
1.										
2.										
-										
3.										
I certify that all answers and			•	-						
knowledge. I understand that application may be rejected of			se or misieaaing informati	on, my						
Signature	n my emproyment with SKA	1 1011111111111111111111111111111111111	Date							
Jigilalule			Date							

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