

Larose Regional Park & Civic Center

Application for Employment

SUMMER DAY CAMP SR. COUNSELOR

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Address: _____

Phone #: _____ Email: _____

Date Available: _____ SS#: _____

Have you ever worked for this facility? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Education

High School: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Address: _____

College: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Address: _____

Other: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Address: _____

References

Please list three professional references.

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Name: _____ Relationship: _____

Company: _____ Phone: _____

Please list any past experiences that would assist in this position:

