



Employment Application
Southside Place Park Association Summer Camp

Southside Place Park Association (SSPA) does not discriminate unlawfully against any employee or applicant for employment because of factors such as; race, sex, religion, national origin, physical disability and age. Applicants must meet requirements for employment to be considered.

Name _____ Social Security _____
Permanent Address _____ Telephone # _____
Date of birth (if under 18 years) _____

Job applying for (rank in order): Big room ____ Little room ____ Bridge ____ Art room ____
Were you previously employed by SPPA? ____ Years as counselor? ____
What hours are you available? 10-2 ____ 10-4 ____
What days are you available? _____
What weeks are you available (please list all planned vacations)? _____

In case of emergency, please notify:
Name _____ Telephone # _____

Character References:
Name _____ Telephone # _____ Yrs known ____
Name _____ Telephone # _____ Yrs known ____

Education:
High School _____ Graduated? ____
College _____ Degree _____
Offices, Honors and Awards _____
Special training, skills & hobbies _____

What qualifications, abilities and strong points will help you succeed in this job? _____

Special Certification (i.e. CPR, Babysitting Certification, etc): _____

Past Experience:

I hereby certify that the facts set forth in the application are true and complete, and I agree that you may investigate my statements in order to verify and expand upon the information given. I understand that as part of normal employment procedure, a routine inquiry may be made concerning information on my former job responsibilities, character, general reputation, and credit. I authorize such investigation and hereby agree to fully cooperate in this investigation. I release you and all named former employers, all character references, from any liability for releasing information to you. I further understand that this is an application for employment and that no employment contract is being offered. I agree and acknowledge that should I become employed by SPPA, my employment can be terminated, with or without cause or notice, at any time by myself or SPPA.

Applicant Signature _____ Date _____
Applicant Name (please print) _____