



Employment Application

Please Print in Ink
and include a resume

Date: _____ / _____ / _____

How were you referred to us: _____

Full Name:

_____ Last First Middle Initial

Position applying for:
 Facilitator Counselor CIT Other _____

Season(s) applying for:
 Spring Summer Fall All Three

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell (____) _____ Email: _____

SSN: _____ If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Are you a citizen of the USA? Yes No If not, can you furnish work papers? Yes No

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering yes to the above questions does not constitute an automatic rejection of employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

EDUCATION

High School: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree/ Major: _____

College/University: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree/Major: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of three people to whom you are not related with at least one being work related.

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Position: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Position: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Position: _____

SUMMARIZE YOUR SPECIAL SKILLS

CERTIFICATIONS OR QUALIFICATIONS (CPR, FIRST AID, LIFE GUARDING, WFR, ETC.)

Certification	Certifying agency	Expiration Date: ___/___/___
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Certification	Certifying agency	Expiration Date: ___/___/___

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position (s) Held: _____

Employer: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position (s) Held: _____

Employer: _____ Address: _____

Phone: (____) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge. I authorize Genesee Valley to make such investigations and inquiries of my personal, employment, educational, financial or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interviews may result in discharge.

Signature of Applicant: _____ Date: _____

Signature of Guardian: _____ Date: _____

(Applicable for applicants under 18 years of age.)