

**QUEENS COLLEGE SUMMER CAMP**  
**Counselor/Head Counselor**  
**EMPLOYMENT APPLICATION**  
718-997-2777  
718-997-2768 (fax)

*Office Use Only:*  
Interview Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Returning: Y / N  
NYS Registry: \_\_\_\_\_  
Paperwork Sent: \_\_\_\_\_

PLEASE PRINT CLEARLY

**Personal Information**

Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Are you a U.S. citizen? **Yes / No**  
If *NO*, what type of work visa do you have? \_\_\_\_\_  
Have you ever been convicted of a crime (Felony or Misdemeanor)? **Yes / No**  
If *YES*, please describe: \_\_\_\_\_  
Are there any legal actions pending against you? **Yes / No**  
If *YES*, please describe: \_\_\_\_\_

**Education/Certifications**

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
(Please state your current grade level and anticipated graduation date if still in HS)  
College: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
(List your anticipated college if graduating from HS) (Please state your current grade level and anticipated graduation date if still in college)  
Major: \_\_\_\_\_

Do you hold any of the following certifications? (Circle all that apply and attach a copy of the front and back of the card)

CPR          EMT          First Aid          LGT          RTE          WSI

Would you be willing to attend a RTE/CPR course,  
free of charge at Queens College before the start of camp? **Yes / No**

**Employment History & Information**

Have you been employed by the Queens College Summer Camp before? **Yes / No**  
If *YES*, please list which years: \_\_\_\_\_  
Do you have any other summer camp experience? **Yes / No**  
If *YES*, please list where and when: \_\_\_\_\_  
Please list your title and responsibilities: \_\_\_\_\_

Please describe your experiences working with children (babysitting, tutoring, etc.)

Please complete the following information for past employment. Feel free to attach a resume.

<u>Name</u>	<u>Address</u>	<u>Dates</u>	<u>Position</u>	<u>Salary</u>
1. _____	_____	_____	_____	_____
Duties: _____				
2. _____	_____	_____	_____	_____
Duties: _____				

**Interests/Expertise**

Do you speak another language fluently? **Yes / No** If YES, which language(s)? \_\_\_\_\_

Please describe any areas of expertise or interests that you have:

Please indicate your age preference (1=first choice, 2=second choice): 5-6 \_\_\_ 7-8 \_\_\_ 9-10 \_\_\_ 11-14 \_\_\_

**Availability**

Please note that camp is in operation from Monday, June 30<sup>th</sup>, 2008 to Friday, August 22<sup>nd</sup>, 2008.

☆ Are you available to work for the entire camp season? **Yes / No**

Camp hours are from 8:30 A.M. to 4:30 P.M. however extra hours are available.

If needed:

☆ Are you available to start work at 7:30 A.M.? **Yes / No**

☆ Are you available to work until 5:30 P.M.? **Yes / No**

Please note: All counselors must attend a mandatory orientation before the start of camp. Your employment is contingent on your attendance at this meeting. All employees are also screened by the NYS Sex Offender Registry. Submission of this application does not guarantee employment.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

