

ENVIRONMENTAL INSTRUCTOR STAFF APPLICATION

1300 Valley Creek Road, Downingtown, PA 19335

Phone: (610) 269-9111

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PERSONAL INFORMATION (Please type or print)

Name _____

Permanant Address _____

City _____ State _____ Zip _____

Local Address _____

(if different from above)

How did you find out about CCWA? _____

SSN _____

Telephone _____

Daytime phone # _____

Do you have a valid drivers licence? _____
(Y/N)

State _____ License # _____

Are you at least 18 years old? _____

EDUCATION

School	Major	Dates Attended	Degree

PAST EMPLOYMENT (Please list last four employers, with the most recent/current first)

Dates	Employer/Address	Postition	Supervisor

VOLUNTEER EXPERIENCE (Please describe any relevant volunteer experience)

MISCELLANEOUS INFORMATION

Do you have any impairments, physical or mental, which would interfere with you ability to perform the job for which you have applie? If yes, please explain: _____

Write a brief biographical sketch, including specialized training in camping and experience or training in other fields which might have a bearing on the position for which you are applying. As well as why you should be chosen for this positions: (If necessary, attach a separate page.) _____

Please list any certifications you have (i.e. teaching, first aid, boating, etc.) _____

Are you available for an interview? _____ When? _____

Have you ever been convicted of an offense involving a minor or listed on the State registry related to child abuse? _____ If yes, please explain: _____

Have you ever been convicted of a criminal charge? _____ If yes, please explain _____

Do you have a current "Child Abuse Clearance"? _____ If so: Date of clearance? _____
State Issued _____

REFERENCES

Three references required (people who have knowledge of your character, experience and ability, no relatives). Please indicate your affiliation with this individual (i.e. professor, former employer, etc.)

1. Name: _____ Affiliation: _____
Address: _____ Phone: _____

2. Name: _____ Affiliation: _____
Address: _____ Phone: _____

3. Name: _____ Affiliation: _____
Address: _____ Phone: _____

I authorize investigation of all statements herein and release the camp and all others from liability in connection with the same. I understand that, if employed, I will be an at-will employee and that any agreement to the contrary must be in writing and signed by the director. I also understand that untrue, misleading, or omitted information herein may result in dimissal, regardless or the time of discovery by the camp.

I ASSERT THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE.

Signature: _____ Date: _____