

# GENERAL STAFF APPLICATION

1300 Valley Creek Road, Downingtown, PA 19335

Phone: (610) 269-9111

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ccwa@paradisefarmcamps.org

## PERSONAL INFORMATION (Please type or print)

Name \_\_\_\_\_

Permanent 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	Position	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 all 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 dismissal, regardless or the time of discovery by the camp.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_