



A *love* for God.
 A desire to *learn*.
 A commitment to *serve*.

Application for Employment: Summer / Extended Care

Personal Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Church you attend _____

Applying for: Extended Care (August-June) Summer Camp (June-August)

Education Background

| High School | School name and location (City, State/Province) | Christian School? | Length of attendance | Date of Graduation |
|---|--|-------------------|----------------------|--------------------|
| | | | | |
| College or University (beginning with most recent) | School name and location (City, State/Province) | Years attended | Date of Graduation | Degree Received |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

College Major(s) _____

College Minor(s) _____

Record of Experience

| Organization name and location (City, State/Province), beginning with most recent | Job Title / Role | Start / End Date |
|--|------------------|------------------|
| | | |
| | | |
| | | |

Do you have any teaching experience? Yes No

If yes, please describe below:

| School name and location (City, State/Province) in which you taught, beginning with most recent | Christian School? | Grade(s) and/or Subject(s) taught | No. of years taught there | Dates taught there |
|---|----------------------|--------------------------------------|------------------------------|-----------------------|
| | | | | |
| | | | | |

References

| Name | Contact Information | Occupation / Position | Relationship to you |
|------|---------------------|--------------------------|------------------------|
| | | | |
| | | | |
| | | | |

Availability

Extended Care Leader Hours: 2:30-5:00 PM (August-June during the school year)

Summer Camp Leader Hours: 8:00 AM - 5:00 PM (June-August during summer break)

Extended Care Only: Please indicate the starting/ending times you are available to work.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| | | | | |
| | | | | |

Comments _____

Do you require any accommodations or special provisions? _____
