East Allen Township Parks & Recreation 610-262-7961 x306 / cfrantz@eatwp.org

Summer Camp Counselor Application

Hiring Information for Prospective Camp Counselor (Counselors – Please Detach And Save)

Welcome to East Allen Township. We appreciate your interest in becoming a Summer Camp Counselor. By becoming a Camp Counselor, you not only help others, but also gain confidence, deepen your understanding of youth, improve your communication skills, and develop the leadership abilities employers seek.

Attached to this introduction, you will find a Camp Counselor Application. Please complete all sections of the application.

In order to be considered for a Camp Counselor position:

- 1. Submit a completed Camp Counselor Application
- 2. Be an individual who is 18 years old or older
- 3. Have a current Pennsylvania License and must have reliable Transportation
- 4. Must be able to work entire 7 weeks of camp with no vacation time off
- 5. Must be able to work Monday thru Friday from 8:30 am to 1:30 pm

If you are selected as a Camp Counselor, you must:

- 1. Attend a Camp Counselor Procedures and Responsibilities Orientation with the East Allen Township Recreation Director and Township Manager
- 2. Attend a First Aid / CPR Class (4 hour class)

Thank you for your interest in becoming an East Allen Township Camp Counselor. If you have any questions, please contact me at the above number. Once you have completed your application, return it to me. You may also mail it to East Allen Township, 5344 Nor-Bath Blvd. – Northampton, Pa 18067 or you may fax your application to 610-262-8788

Chuck Frantz
East Allen Township Parks & Recreation
Program Director

East Allen Township Summer Camp Application for Employment

COUNSELOR INFORMATION	N: (Please print your responses clear	rly.) DATE:	DATE:		
POSITION APPLIED FOR:	AGE:				
NAME:	NICKNAME: NICKNAME:				
LAST	FIRST MIDDLE				
ADDRESS:STREET		CITY	STATE	ZIP	
EMERGENCY CONTACT:		Pho	one #:		
HOME PHONE: ()	CELL	PHONE ()			
E-MAIL ADDEESS:	SOC	CIAL SECURITY #:			
DO YOU HAVE ANY PHYSICAL LIMITION	ONS THAT WOULD INHIBIT Y	OUR PERFORMANCE O	F REQUIRED DUTI	ES?	
ARE YOU OVER 18? YES / NO	ARE YOU LEGALLY ELIGIBL	E FOR EMPLOYMENT IN	THIS COUNTRY?	YES / NO	
DRIVERS LICENSE NUMBER STATE:					
HAVE YOU EVER BEEN EMPLOYED BY	Y EAST ALLEN TWP. BEFORE	? YES / NO IF YES, PI	LEASE GIVE DATE	::	
HAVE YOU EVER PLED "GUILTY" OR "	NO CONTEST" OR BEEN CON	IVICTED OF A CRIME ?	IF YES., PLEASE E	XLAIN	
CONVICTIONS: A conviction does not auto surrounding the conviction and how long ago so that a fair decision can be made. ARE YOU ABLE TO MEET THE ATT	the conviction occurred are impo	ortant considerations in dete	rmining your eligibil	ity. Give all the facts,	
DATE AVAILABLE FOR WORK:	RK: DESIRED SALARY:				
EDUCATIONAL BACKGROU			N GOV LEGE		
LIST SCHOOLS ATTENDED, BEGINNIN	G WITH THE MOST RECENT,	HIGH SCHOOL THROUG	H COLLEGE.		
SCHOOL ATTENDED	YEARS	DEGREE]	MAJOR	

EMPLOYMENT HISTORY: (Please list your last three employers, starting with the most recent)

EMPLOYER:	PHONE #:	
ADDRESS:		
SUPERVISORS NAME:	POSITION:	
JOB TITLE:	HOURLY RATE / SALARY \$:	
DESCRIPTION OF RESPONSIBILITY:		
DATES EMPLOYED:	REASON FOR LEAVING:	
MAY WE CONTACT FOR A REFERENCE?		
EMPLOYER:		
	POSITION:	
JOB TITLE:	HOURLY RATE / SALARY \$:	
DESCRIPTION OF RESPONSIBILITY:		
DATES EMPLOYED:	REASON FOR LEAVING:	
MAY WE CONTACT FOR A REFERENCE?		
EMPLOWED	DVOVE #	
EMPLOYER:	PHONE #:	
ADDRESS:		
	POSITION:	
	HOURLY RATE / SALARY \$:	
DATES EMPLOYED:	REASON FOR LEAVING:	
MAY WE CONTACT FOR A REFERENCE?		

CERTIFICATIONS: (Please List Certific	ations or Training you may already ha	ve)	
TYPE OF CERTIFICATION		DATE RECEIVED	DATE OF EXPIRATION
NAME	PHONE #	RELATIONS	HIP YEARS KNOWN
NAME	PHONE #	RELATIONS	HIP YEARS KNOWN
NAME	PHONE #	RELATIONS	HIP YEARS KNOWN
			HIP YEARS KNOWN
NAME WHY ME: (Please Write A Paragraph Telling			HIP YEARS KNOWN
			HIP YEARS KNOWN

SUPPLEMENT TO APPLICATION:	
WHY DO YOU WANT TO WORK WITH AND CARE FOR CHILDREN?	
DESCRIBE ANY EXPERIENCE YOU HAVE WORKING WITH CHILDREN:	
HOW COULD YOU DESCRIBE YOURSELF?	
DESCRIBE NON-EMPLOYMENT ACTIVITIES YOU HAVE BEEN ENGAGED IN THAT MIGH	HT STRENGTHEN YOUR APPLICATION:
I hereby certify that the information provided on this application is true, complete, correct, and subject	ct to verification by East Allen Township.
I expressly authorize, without reservation, the employer, its representatives, employees or agents to coreferences (personal and professional), employer, public agencies, licensing authorities, and education accuracy of all information provided by me in the application resume of job interview. I hereby waive the employer, its agents, employees, or representatives for seeking, gathering, and using such informations, corporations, or organizations for furnishing such information about me.	nal institutions and to otherwise verify the e any and all rights and claims I have regarding
I understand that any misrepresentation or omission of material fact on my application may be justified	cation for refusal of employment.
I authorize East Allen Township to supply me employment record, in whole or in part, and in confide agency, or other party, with a legal and proper interest.	ence, to any prospective employer, government
I also understand that my employment is conditional until results of my criminal and child abuse histodocuments required by law are completed, and until information given by me been verified.	ory record, reference checks, and other
I understand that completion of this form does not guarantee me status as an applicant or any consider minimum qualifications required of the position for which I am asking to be considered.	ration for employment unless I meet all stated
DO NOT SIGN UNTIL YOU READ THE ABOVE APPLICANTS	STATEMENT
I have read the above statement and accept the same as a condition of my employment with the East A	Allen Township Summer Camp.
Applicant Signature:	Date Of Application: