

SUN 'N FUN EMPLOYMENT APPLICATION

APPLICANT DATA

Programs, services, and employment are equally available to everyone. Please inform us if you require reasonable accommodations for the application or the interview.

Date: _____ Position applied for (circle): CIT / Counselor / Director / Asst Director

Full Name _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Cell/Other Phone: _____ e-mail _____

Date Available to Start: _____ Social Security # _____ DOB _____

If you are under 18 and we require a work permit can you provide one? Yes No

Are you a citizen of the United States of America? Yes No

If not, are you legally allowed to work in the United States of America? Yes No

Have you ever pled "guilty", "no contest" or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness, and nature of the violation, rehabilitation, and position applied for will be considered.

EMPLOYMENT EXPERIENCE (begin with most recent position):

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

May we contact this employer for a reference? Yes No

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Position _____ Reason for leaving _____

Responsibilities: _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

May we contact this employer for a reference? Yes No

Dates of Employment: From _____ To _____ Salary or Hourly Rate _____

Position _____ Reason for leaving _____

Responsibilities: _____

EMPLOYMENT APPLICATION PART 2

EDUCATION

| Schools/Colleges Attended (list most recent first): | # Years | Year Grad. (if graduated) | Degree | Major |
|---|---------|------------------------------|--------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

SUMMARIZE ANY SPECIAL SKILLS OR QUALIFICATIONS FOR THIS POSITION:

REFERENCES: (Please provide information of two people of whom you are not related nor been employed by.)

Name _____ Phone: _____
Address _____ City _____ State _____ Zip _____
Relationship _____

Name _____ Phone: _____
Address _____ City _____ State _____ Zip _____
Relationship _____

Who referred you to us? _____

Drivers License # _____ State _____ Expiration _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability when responding to inquiries in connection with my application. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Applicant's Signature _____ Date _____