Ivy League Day Camp Jon Leiser, Owner/Director

Jon Leiser, Owner/Director Evan Leiser, Owner/Director Rich Schmid, Director 140 Gordon's Comer Road Manalapan, New Jersey Phone- 732-446-7035 Fax- 732-446-5623 info@ivyleaguedaycamp.com

## **STAFF EMPLOYMENT APPLICATION**

Name		_ Social Secu	rity #			
Home Address		Cit	y		State	Zip
Home Phone		Cell P	hone			
Birth Date	Age	Email			@	
College Address	C	ity		State	Zip	
POSITION APPLYING FOR:_					_	
PUT A 1 NEXT TO THE AGE O SECOND MOST AND A 3 NEXT		FEEL MOST CO	OMFORTABL	E WORKI	NG WITH ,	A 2 NEXT TO THE
3-56-7	8-10		11-12		_13-15	
DO YOU HAVE ANY OBLIGAT	TION REQUIRING T	IME AWAY FR	OM CAMP? (	Circle One	) YES	NO
IF YES, EXPLAIN						
EDUCATION HISTORY: NAM	E OF SCHOOL		MAJOR		DATE	OF GRADUATION
HIGH SCHOOL						
COLLEGE						
IF CURRENTLY IN SCHOOL	C	GRADE/YEAR_				
CAMP STAFF EXPERIENCE:						
NAME OF CAMP	ADDRESS			DATES	<u>5</u>	POSITION
1						
2						
3						
EMPLOYMENT EXPERIENC	E (OTHER THAN C	CAMP)				
EMPLOYER'S NAME	ADDRESS		PHO	<u>NE</u>	DATES	
1						
2						
3						
EXPERENCE AS A CAMPER						
	OTHER C	AMPS	# OF YEARS			

1. INTEREST	2. EXPERIENCE	3. TEACHING KNO	WLEDGE
MUSICDANC	ECOOKING	CERAMICS	
ROPES COURSE	ATHLETICSG	YMNASTICS	NATURE
SWIMMING	TENNISCOMPUTE	RSARTS & CRAFTS_	
WOOD WORKING	ARCHERY	_	
CERTIFICATIONS AN	D LICENSES		
ADVANCED LIFESAVI	NG	DATE	
WATER SAFETY INSTI	RUCTOR (RED CROSS)	DATE	
CPR		DATE	
FIRST AIDER STANDA	RD	DATE	
REGISTERED NURSE		YEAR	STATE
LICENSED VAN DRIVE	R (CDL CLASSIFIED)	STATE	
<u>REFERENCES:</u> LIST 3 PERSONS (AT L IN WORKING WITH CH		ED TO YOU) WHO HAVE KN	IOWLEDGE OF YOUR EXPERIENCE
	ADDRESS	PHONE	<u>CAPACITY IN WHICH PERSON</u> KNOWS YOU
	MUDRESS		
			10
	EN CONVICTED OF A CRIME?		l0
IF YES, EXPLAIN			
	mpany obtain an abstract from N	J MVC (or any other approp	riminal background check on me and riate agency if applicants drivers

SIGNATURE OF APPLICANT \_\_\_\_\_