



**HOMES FOR THE HOMELESS SUMMER CAMPS
EMPLOYMENT APPLICATION**

A. PERSONAL INFORMATION

NAME: _____
Last First Middle Initial

ADDRESS: _____
No. and Street City State Zip Code

EMAIL: _____ PHONE: _____

B. EMPLOYMENT DESIRED

What kind of work are you applying for? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> General Counselor | <input type="checkbox"/> Lifeguard |
| <input type="checkbox"/> Activity Counselor | <input type="checkbox"/> EMT |
| <input type="checkbox"/> Drama | <input type="checkbox"/> Unit Leader (Supervisor) |
| <input type="checkbox"/> Outdoor Living Skills | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Kitchen (Chef, Ass't Chef, Dishwasher) |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Waterfront Director |
| <input type="checkbox"/> Arts & Crafts | |
| <input type="checkbox"/> Nature | |
| <input type="checkbox"/> Classroom Teacher | |

Date you can start this summer: _____ Last date you can work: _____

What special qualifications, licenses, and/or skills to you have? Please also describe below any relevant camping experience or work with children that you might have.

Do you have a valid U.S. driver's license? Yes / No (circle one)

Do you know any current Homes for the Homeless Camps or Homes for the Homeless, Inc. employees?
Yes / No (circle one)

If Yes, please name and state relationship:

C. EMPLOYMENT AND EDUCATION

Are you employed now? Yes / No (circle one)
 If YES, may we inquire of your present employer? Yes / No (circle one)

Have you ever applied to this agency before? Yes / No (circle one)
 If YES, where? _____ When? _____

Please fill out the following employment and education information, or attach a resume containing the required information.

EMPLOYMENT INFORMATION (List most recent employer first)

Date (Month and Year)	Name and Location of Employer	Position/Salary	Supervisor's Name and Phone Number*	Type of Termination (voluntary or involuntary)
From: To:				
From: To:				
From: To:				
From: To:				

*If your supervisor is not reachable, please list another contact at each workplace.

EDUCATION

School	Name/Location	Years Attended	Did you graduate?	Subject studied
High School				
College				
Trade, Business, or Correspondence School				
Graduate School				