

Purchase Sports Camp Employment Application

Manhattanville College * 2900 Purchase Street, Purchase, NY 10577 * (914) 420-8298
PO Box 398 Purchase, NY 10577-0398
Monday-Friday * Hours: 9:00am-4:00pm

Personal Information:

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Gender _____ Age _____ Date of Birth _____

Are you a U.S. Citizen? ___ Yes ___ No

Education:

High School _____ Graduation Date/
Expected Graduation Date _____

College/University _____ Graduation Date/
Expected Graduation Date _____

Work Experience:

Please list past work experience, starting with most recent employment:

Job #1:

Company _____ Position _____ Start Date _____ End Date _____

Supervisor's Name _____ Title _____

Supervisor's Phone _____ Company's Address _____

Reason for leaving _____ I am currently employed
at this company

Job #2:

Company _____ Position _____ Start Date _____ End Date _____

Supervisor's Name _____ Title _____

Supervisor's Phone _____ Company's Address _____

Reason for Leaving _____

Job #3:

Company _____ Position _____ Start Date _____ End Date _____

Supervisor's Name _____ Title _____

Supervisor's Phone _____ Company's Address _____

Reason for Leaving _____

Certifications:

Please fill in the expiration date next to each certification you currently possess:

_____ Lifeguard Training	_____ Lifeguard Training Instructor
_____ Community CPR	_____ Water Safety Instructor (WSI)
_____ CPR for the Professional Rescuer	_____ Standard First Aid
_____ Teacher Certification	_____ RN/LPN Certification
_____ EMT Certification	_____ Other (please specify _____)

References:

Please provide three references (ex. teachers, employers, coworkers). Please do not include family members:

Reference 1:

Name _____ Relationship to you _____

Address _____ Phone _____

Reference 2:

Name _____ Relationship to you _____

Address _____ Phone _____

Reference 3:

Name _____ Relationship to you _____

Address _____ Phone _____

Criminal History:

1) I have been charged, criminally or civilly, with sexual abuse, sexual harassment, or discrimination.

Yes ___ No ___

2) I have been convicted of a felony. Yes ___ No ___

If you checked yes for either of the last two questions, please explain why:

Activities:

Place a check next to the activities below that you enjoy doing:

- | | | | |
|-------------------------------------|-----------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis | <input type="checkbox"/> Lacrosse |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Swimming | <input type="checkbox"/> Field Hockey |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Frisbee | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other _____ |

Camp Positions:

Place a check next to the position you would like to apply for:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> General Counselor | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Maintenance |

Please indicate your age group preference:

- 4-5 year olds 6-7 year olds 8-10 year olds 11-12 year olds 13-15 year olds

What is your swimming ability?

- Non-swimmer Beginner Intermediate Advanced

Have you ever worked at a camp before? If so, please provide the name of the camp, what your position was, and for how long you worked there.

Are there any commitments you know of that will require you to take time off from camp?

Signature

Date

Photo Authorization Form

I, _____ hereby give permission to the Purchase Sports Camp, LLC to take my picture and include it with my application.

Signature

Date

Background Investigation Consent

I, _____, hereby authorize the Purchase Sports Camp, LLC and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable during the tenure of my employment with the company.

I release the Purchase Sports Camp, LLC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete name, and all the information is true and correct to the best of my knowledge.

First Name (please print)	Middle Name	Last Name		
Address	City	County		
State	Zip Code	Social Security Number	Home Phone	Cell Phone
Date of Birth	Driver's License Number	State Issued	Email	

NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. The Purchase Sports Camp, LLC is an Equal Opportunity Employer, and does not discriminate on the basis of sex, race, religion, age, handicap, or national origin.

I understand that my failure to complete this form will cause me to forfeit the opportunity to interview for a position at the Purchase Sports Camp, LLC.

Signature	Date
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Signature of Parent/Guardian if under the age of 18	Date
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How did you hear about Purchase Sports Camp?

- Facebook
- A friend told me about it
- I saw your advertisement on _____
- Other _____