

# OUR KIDS DAY CAMP II, INC.

661 Budd Road  
Woodbourne, NY 12788

845-434-3788  
helen@okdc2.com

## APPLICATION FOR EMPLOYMENT

Please fill out ALL information & provide proper certifications (if applicable)

### PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME: \_\_\_\_\_ SS #: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

DATE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE/ZIP

HOME PHONE: \_\_\_\_\_ Cell: \_\_\_\_\_

EMPLOYMENT DESIRED (POSITION): \_\_\_\_\_ WILL THIS BE A SECOND JOB? \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_ Name & Phone: \_\_\_\_\_

<u>EDUCATION</u>	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR GRADUATE SCHOOL				

**Subjects of special study or research work. Please list any skills, abilities, interests and what you can offer as an employee to Our Kids Day Camp (singing, artist, 1<sup>st</sup> aid, CPR, etc...)**


- If you are certified in 1<sup>st</sup> Aid, CPR, WSI, Lifeguard, please provide copies of certs.

(continued on other side)



# OUR KIDS DAY CAMP II, INC.

661 Budd Road  
Woodbourne, NY 12788

845-434-3788  
helen@okdc2.com

**PHYSICAL RECORD:**

1. Is there any reason that would prevent you from performing any work for which you are being considered?      NO                      YES (give details)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. WERE YOU EVER INJURED?\_\_\_\_\_GIVE DETAILS\_\_\_\_\_

\_\_\_\_\_

3. HAVE YOU EVER BEEN CONVICTED OF A FELONY?                      NO                      YES

**FORMER EMPLOYERS/REFERENCES** (List Below Last Three Employers, Starting With Last One First)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING	PHONE NUMBER
FROM					
TO					
FROM					
TO					
FROM					
TO					

May we contact the above mentioned for references?      YES \_\_\_\_\_      NO \_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**REMARKS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED \_\_\_\_\_ POSITION \_\_\_\_\_ SALARY \_\_\_\_\_