



# Employment Application for Date: \_\_\_\_\_ Day Camp Counselor

\*Applicant for Day Camp Counselor position must have previous employment with another daycare or day camp setting and/or is actively obtaining or has education or related degree/experience.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_ Have transportation: yes no

Have you had or do you have any physical limitations that may affect your ability to function on your job? Yes No (If yes, please describe) \_\_\_\_\_

How would you describe your general health? \_\_\_\_\_

Have you had any previous serious illnesses? Yes No (If yes, please describe) \_\_\_\_\_

Have you ever been seriously injured? Yes No (If yes, please describe) \_\_\_\_\_

First Aid Training / CPR Yes No

Lifeguard Training Yes No

Program Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

What dates are you available to work? Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Do you have any summer trips planned or will you need time off between June-August, where you will not be able to work? Yes No

If yes, please list the dates \_\_\_\_\_

Will you need to leave work at a certain time each day? Yes No (If yes, please list) \_\_\_\_\_

Education	Name and address of school	Major/Degree	Year graduated
High School			
College			
Training Courses			

**Day Camp/Day Care Experience:**

Date: \_\_\_\_\_ Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date: \_\_\_\_\_ Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Other Work Experience:**

Date: \_\_\_\_\_ Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Date: \_\_\_\_\_ Salary: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Company Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**References:**

Please list 2 references, not including relatives or former supervisors.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_



Tell me about a time when you worked with a group or individual that was challenging. What were the challenges and how did you handle the situation?

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What would you do if a parent came to you with dissatisfaction about the program?

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What training or experiences have you had working with children with special emotional or physical needs?

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Briefly, what are some of your goals for children in a day camp program?

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How would you meet the differing developmental needs of children in a mixed age group?

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What are your strengths as a teacher of children? What are your areas of improvement?

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**Additional Information**

Please use the remaining space to provide any additional information that might have some bearing on your application. Please mention any additional skills or training you have which may be relevant to Smokey Hollow Day Camp. We are interested in knowing what you do for fun and your future goals as well as why you feel you are a positive role model for children and teenagers.

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**AUTHORIZATION:**

I certify that the facts contained in this application are true and complete to the best of my knowledge. Smokey Hollow Day Camp may contact my references and past position supervisors and discuss information they have have, personal or otherwise, and release Smokey Hollow Day Camp from all liability for any damage that may result from utilization of such information. By signing this form, I also have indicated that I do not have any pending convictions or any criminal charges filed or have been filed against me. In the event of employment, I understand that false or misleading information given in this application may result in discharge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

Please return completed application to **Smokey Hollow Day Camp, PO Box 18, Lodi WI 53555 (608)635-4805** Email: [camp@smokeyhollowdaycamp.com](mailto:camp@smokeyhollowdaycamp.com)

**DO NOT WRITE IN THE SPACE BELOW**

Hired: Yes No Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_ Salary: \_\_\_\_\_ Comments: \_\_\_\_\_