



Katydid, Inc.
Children's Programs

Katydid, Inc.
P.O. Box 710516
Oak Hill, VA 20171-0516
Email: katydidinc@gmail.com

Thank you for your interest in Katydid, Inc. Please find enclosed the application you requested. Katydid, Inc. operates as a contractor to the Fairfax County Park Authority. Camps are available for children ages 3-11. All camps are outdoor day camps, and have themes based on their location.

Location	Start to End Dates
Frying Pan Park	June 3rd to August 23rd
Burke Lake Park	June 3rd to June 14th and August 12th to August 23 rd

For a description of Katydid Camps, you may refer to our web site: www.katydidkids.com/camps. Click on a park. Then look at the camps offered at each location.

Staff positions available: Camp Counselor –minimum age of 18.

Mandatory Training will be held on May 28th, May 29th, and May 30th from 5:30pm to 8:30pm each evening at the Frying Pan Park Schoolhouse at 2709 West Ox Road, Herndon, VA 20171-0516.

If you have any questions, please email: katydidinc@gmail.com

Please mail or email your completed application to katydidinc@gmail.com. Thank you for your interest in Katydid, Inc. We look forward to hearing from you.

S. Kuhn
 Personnel Director
Katydidinc@gmail.com

Kate Plummer
 Executive Director

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Katydid, Inc.

APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Return to: **Katydid, Inc.**
Personnel Director- S. Kuhn
P.O. Box 710516
Oak Hill, VA 20171-0516
katydidinc@gmail.com

PLEASE COMPLETE ALL PAGES

DATE _____

Name _____
Last First Middle

Permanent address _____
Number Street City State Zip

College address _____
If applicable Number Street City State Zip

Telephone (____) _____ cell Telephone (____) _____ home |

Email _____ Use College Information Until _____

Camp Position applying for (minimum age requirement):
 ____ Counselor (18) ____ Site Director (21) ____ Internship(21)
 School Year Positions:
 ____ Preschool Teacher-- Experienced
 ____ Assistant Preschool Teacher (18)
 ____ Tiny Tot Instructor Other: _____

Availability: You will be expected to work full weeks,
Monday thru Friday.
 I Can Work: FULL DAY (830am - 4:30pm)
 HALF-DAY (8:30am-1.30pm)
 I AM WILLING TO WORK FULL OR HALF DAYS
 First Available start date _____

LOCATION(S) APPLYING FOR: FRYING PAN PARK BURKE LAKE PARK BOTH
 SEASON: FCPS WINTER BREAK CAMP FCPS SPRING BREAK CAMP FCPS TEACHER WORK DAY CAMPS
 SUMMER CAMP SCHOOL YEAR SUMMER INTERNSHIP

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State or country if not USA)	# OF YEARS FINISHED	(Expected) Year of Graduation & Degree
High School				
College				
major				
Other				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation on separate paper and check here: See Attached

ALL APPLICANTS OFFERED EMPLOYMENT WILL BE SUBJECTED TO BACKGROUND CHECKS BY VIRGINIA STATE POLICE AND CHILD PROTECTIVE SERVICES AND FINGERPRINTING

Social Security No. _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No Driver's License No. _____

What is your means of transportation to/from work? _____

PLEASE NOTE THAT KATYDID CAMPS ARE NOT CONVENIENT TO PUBLIC TRANSPORTATION

PLEASE PRINT ALL
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Katydid, Inc.

Please print name below

APPLICATION FOR EMPLOYMENT

REFERENCES: Please list two adults (over 21) that are **NOT** relatives **OR** previous employers.
IMPORTANT: You MUST list 2 and you MUST include E-MAIL ADDRESSES, THANK YOU!

Name _____	Name _____
How do you know this person? _____	How do you know this person? _____
_____	_____
Telephone (____) _____	Telephone (____) _____
EMAIL: _____	EMAIL: _____

Work Experience Please list your work experience beginning with your most recent job held.
Include all relevant volunteer work. Please indicate if we may we call for a reference.

Business Name	Name of last supervisor
Address	Call Employer?: Yes No
City, State, Zip Code	Employment Dates
Phone number	From _____ To _____
Email	Your last job title
Reason for leaving (be specific):	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

Business Name	Name of last supervisor
Address	Call Employer?: Yes No
City, State, Zip Code	Employment Dates
Phone number	From _____ To _____
Email	Your last job title
Reason for leaving (be specific):	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

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EXCEPT SIGNATURE

Katydid, Inc.

Please Print Name Below

APPLICATION FOR EMPLOYMENT

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

What Contributions Do You Think You Can Make To The Katydid Program? What Special Skills, Knowledge, Talents Do You Plan To Share?

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did?

How did you learn about us? School

Ad Where? _____

Friend Name _____

Other _____

PLEASE READ CAREFULLY

KATYDID, INC. APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Katydid, Inc, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Katydid practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Katydid, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner of the Company. Both the undersigned and Katydid, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Katydid, Inc. may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Katydid, Inc. permission to contact schools, previous employers (unless otherwise indicated), references, and others. This includes permission for online criminal history records, fingerprinting and other information necessary for licensed childcare. I hereby release Katydid from any liability as a result of such contract.

Signature of applicant _____ Date: _____

Katydid, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in Katydid, Inc.

Return Completed application to:

Katydid, Inc. P.O. Box 710516 Oak Hill, VA 20171-0516

OR: katydidinc@gmail.com (Personnel Director- S. Kuhn)