

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
703-402-1311
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 (____) _____ home Telephone (____) _____ cell

Email _____@_____ Use College Information Until _____

Camp Position applying for (minimum age requirement):
 ____ Counselor (18) ____ Site Director (21)
 School Year Positions:
 ____ Preschool Teacher-- Experienced
 ____ Assistant Preschool Teacher (18)
 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 LAKE FAIRFAX PARK BURKE LAKE PARK
 COLVIN RUN MILL ALL _____

SEASON: FCPS WINTER BREAK CAMP FCPS SPRING BREAK CAMP FCPS TEACHER WORK DAY CAMPS
 SUMMER CAMP SCHOOL YEAR

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 Social Security No. _____

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

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

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

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Please print name below

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Must have 2 -Please list two adult (over 21) references that are not relatives or previous employers.

IMPORTANT: E-MAIL ADDRESSES A MUST, 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 Address City, State, Zip Code Phone number Email	Name of last supervisor	Call Employer?: Yes No Employment Dates
		From To
	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 Address City, State, Zip Code Phone number Email	Name of last supervisor	Call Employer? Yes No Employment Dates
		From To
	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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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 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. Version 3.1 05

Return Completed application to:

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

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