

Katydid, Inc. P.O. Box 710516 Oak Hill, VA 20171-0516 Email: camps@katydidkids.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 4-11. All camps are outdoor day camps at Frying Pan Farm Park in Herndon, VA.

For a description of Katydid Camps, you may refer to our web site: <a href="https://www.katydidkids.com/camps">https://www.katydidkids.com/camps</a>

#### **Staff positions available:**

- Camp Counselor minimum age of 18.
- Site Director/Assistant Site Director minimum age of 21.

<u>Mandatory Training</u> will be held in late May/early June. We will notify you of training dates as soon as they are confirmed.

If you have any questions, please email: camps@katydidkids.com

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

Judi Edmondson Programs Director Kate Plummer
Executive Director

Return completed form to:

camps@katydidkids.com

### Katydid, Inc.

**APPLICATION FOR EMPLOYMENT** 

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

PLEASE COMPLETE	ALL PAGES			DATE		
Name						
	_ast Firs	t		Middle		
Permanent address _	Number	Street		City	State	Zip
College address						·
If applicable	Number	Street		City	State	Zip
Cell #:			Hom	e #:		
Email:			Use College	Information Until:		
			A . 11 . 1. 1114			6.11
Camp Position applying	g for (minimum age requireme	ent):	Monday thr	: You will be exp u Friday.	ected to work	full weeks,
Counselor (18)	Site Director (21)	p (21)	I Can Work:	-		
School Year Positions:	·			FULL DAY (8:00	am- 4:00pm)	
Preschool Teacher-	Experienced			HALF-DAY (8:30	am-1.30pm)	
Assistant Preschoo	l Teacher (18)			I AM WILLING TO	O WORK FULL	OR HALF DAYS
☐ Tiny Tot Instructor	Other:		First Availab	le start date:		
SEASON:   SEASON:   SUMMER CAMP  SCHOOL YEAR  SUMMER INTERNSHIP						
	1					
TYPE OF SCHOOL	NAME OF SCHOOL	(City	LOCA <sup>-</sup> y, State or cou	TION untry if not USA)	# OF YEARS FINISHED	(Expected) Year of Graduation & Degree
High School						
College						
College						
Major						
Other						
HAVE YOU EVER BEE	EN CONVICTED OF A CRIME	<u> </u>	□ 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:						
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?						
What is your means of transportation to/from work?						
PLEASE NOTE THAT KATYDID CAMPS ARE NOT CONVENIENT TO PUBLIC TRANSPORTATION						

PLEASE PRINT ALL

### Katydid, Inc.

**Print Name Below:** 

**INFORMATION REQUESTED** APPLICATION FOR EMPLOYMENT **EXCEPT SIGNATURE 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: Call Employer?: ☐ Yes No Address: Employment Dates: From: To: Your last job title: Phone number **Email** 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 supervis	sor:		
	Call Employer?:	Yes	No	
Address:	Employment Dates:	From:	То:	
	Your last job title:			
Phone number				
Email				
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.

# PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

## Katydid, Inc.

APPLICATION FOR EMPLOYMENT

Print	Name	Be	low
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An application form sometimes make space below to summarize any additional which you are applying.	es it difficult for an indi ional information nece	vidual to adequately summarize a complete background. Use the essary to describe your full qualifications for the specific position for
What Contributions Do You Think Yo Plan To Share?	u Can Make To The I	Katydid Program? What Special Skills, Knowledge, Talents Do You
May we contact your present employer?	∏ Yes ∏ No	☐ School ☐ Ad - Where? ☐ Friend-Name: ☐ Other:
Did you complete this application yourself?  If not, who did?	☐ Yes ☐ No	

#### 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:	
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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:**

camps@katydidkids.com

**OR Mail to:** 

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