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| |  |  |  | | --- | --- | --- | | PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE | Katydid, Inc. | Return to: Katydid, Inc.  Personnel Director  P.O. Box 710516  Oak Hill, VA 20171-0516  camps@katydidkids.com | | APPLICATION FOR EMPLOYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cell #: | |  | | | | | | | | | | | | | | | |  | Home #: | | | | |  | | | | | | | |
| Email: | |  | | | | | | | | | | | | | Use College Information Until: | | | | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |
| Camp Position applying for (minimum age requirement): | | | | | | | | | | | | | | | Availability: You will be expected to work full weeks,  Monday thru Friday. | | | | | | | | | | | | | | | | |
| Counselor (18) | | | Site Director (21) | | | | | | Internship (21) | | | | | | I Can Work: | | | | | | | | | | | | | | | | |
| School Year Positions: | | | | | | | | | | | | | | |  | | | | | FULL DAY (830am - 4:30pm) | | | | | | | | | | | |
|  | Preschool Teacher-- Experienced | | | | | | | | | | | | | |  | | | | | HALF-DAY (8:30am-1.30pm) | | | | | | | | | | | |
|  | Assistant Preschool Teacher (18) | | | | | | | | | | | | | |  | | | | | I AM WILLING TO WORK FULL OR HALF DAYS | | | | | | | | | | | |
|  | Tiny Tot Instructor | | | | | |  | Other: | | | | | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TYPE OF SCHOOL | | | | | | NAME OF SCHOOL | | | | | | LOCATION (City, State or country if not USA) | | | | | | | | | | | | | | | | # OF YEARS FINISHED | | | (Expected) Year  of Graduation & Degree |
| High School | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | | |  |
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| College | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | | |  |
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| **major** | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | | |  |
| Other | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | | |  |
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| 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 #: | | | | | | | |  | |
| 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 ALL INFORMATION REQUESTED EXCEPT SIGNATURE | Katydid, Inc. | 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: | | | |  | | | | | | |
| Call Employer?: | |  | | Yes | |  | No | | | |
| Address:  City, State, Zip Code | | | | | | | | 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. | | | | | | | | | | | | | | | | | | |
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| Business Name: | | | | | | | | Name of last supervisor: | | | |  | | | | | | |
| Call Employer?: | |  | | Yes | |  | No | | | |
| Address:  City, State, Zip Code | | | | | | | | 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. | | | | | | | | | | | | | | | | | | |
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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 | How did you learn about us? | |
| School |  |
| Ad - Where? |  |
| Friend-Name: |  |
| Other: |  |
| Did you complete this application yourself? | |  | Yes |  | No |  | | |
| If not, who did? |  | | | | |  | |

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| 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. | | | |
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| 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:  Katydid, Inc.  P.O. Box 710516  Oak Hill, VA 20171-0516  OR:  [camps@katydidkids.com](mailto:camps@katydidkids.com) (Camp Directors) | | | |