

Return completed form to: info@katydidkids.com	<h1 style="margin: 0;">Katydid, Inc.</h1> <h2 style="margin: 0;">APPLICATION FOR EMPLOYMENT</h2>	Katydid, Inc. Personnel Director P.O. Box 710516 Oak Hill, VA 20171-0516
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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): <input type="checkbox"/> Counselor (18) <input type="checkbox"/> Site Director (21) <input type="checkbox"/> Internship (21)	Availability: You will be expected to work full weeks, Monday thru Friday. I Can Work: <input type="checkbox"/> FULL DAY (8:00am- 4:00pm) <input type="checkbox"/> HALF-DAY (8:30am-1.30pm) <input type="checkbox"/> I AM WILLING TO WORK FULL OR HALF DAYS First Available start date: _____
School Year Positions: <input type="checkbox"/> Preschool Teacher-- Experienced <input type="checkbox"/> Assistant Preschool Teacher (18) <input type="checkbox"/> Tiny Tot Instructor <input type="checkbox"/> Other: _____	
LOCATION(S) APPLYING FOR: <input type="checkbox"/> FRYING PAN PARK <input type="checkbox"/> BURKE LAKE PARK <input type="checkbox"/> BOTH SEASON: <input type="checkbox"/> FCPS WINTER BREAK CAMP <input type="checkbox"/> FCPS SPRING BREAK CAMP <input type="checkbox"/> FCPS TEACHER WORK DAY CAMPS <input type="checkbox"/> SUMMER CAMP <input type="checkbox"/> SCHOOL YEAR <input type="checkbox"/> 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 #: _____

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

PLEASE NOTE THAT KATYDID CAMPS ARE NOT CONVENIENT TO PUBLIC TRANSPORTATION

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	Katydid, Inc. APPLICATION FOR EMPLOYMENT	Print Name Below:
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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?: <input type="checkbox"/> Yes No
Phone number _____	Employment Dates: 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?: <input type="checkbox"/> Yes No
Phone number _____	Employment Dates: 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.	

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Katydid, Inc.

APPLICATION FOR EMPLOYMENT

Print Name Below:

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?

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:

info@katydidkids.com

OR Mail to:

Katydid, Inc.

P.O. Box 710516

Oak Hill, VA 20171-0516