



**EMPLOYEE PERSONAL INFORMATION**

Name \_\_\_\_\_  
 (First name) (Initial) (Last Name)

Present Address \_\_\_\_\_  
 (No. Street) (City) (State) (Zip)

Home Telephone # \_\_\_\_\_ Cell Telephone # \_\_\_\_\_  
 (Area code) (Area code)

Emergency Contact \_\_\_\_\_  
 (Name) (Phone Number)

Date of Birth \_\_\_\_\_ Email: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position Applying for \_\_\_\_\_

Full Time \_\_\_ Part Time \_\_\_ Have you ever worked for us before? Yes \_\_\_ No \_\_\_ If so, when \_\_\_\_\_

Days of week available \_\_\_\_\_ Hours available \_\_\_\_\_ Date available to start \_\_\_\_\_

Can you perform the essential functions of the position you are applying for with or without reasonable accommodations?  
 Yes \_\_\_ No \_\_\_

How were you referred to the Camp RAD? \_\_\_\_\_

**PERSONAL REFERENCE**

Please list the name and telephone numbers of two individuals, not related to you, whom you have known for at least a year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Dates	Name, Address, Phone # Of Employer	Position/Hourly Rate	Job Duties	Reason For Leaving
From				
To				
From				
To				

Have you lived in the state of Pennsylvania for 10 consecutive years? Yes \_\_\_ No \_\_\_  
 (If No, where and how long did you live in PA?) \_\_\_\_\_

Have you ever been convicted of a crime? (Including Sexual Abuse) Yes \_\_\_ No \_\_\_ (If Yes, please explain) \_\_\_\_\_

I understand that if I am offered employment, the offer is contingent upon my ability to establish identity and authorization from all pre-employment background checks. I certify that the above statements are true and correct and hereby grant the camp permission to verify my answers, as false statements on this form may be grounds for immediate discharge, never after my employment begins. I understand that if I am employed at Camp RAD, my employment is for no definite period of time and may be terminated at any time without previous notice. This Application will remain active for a period of 6 months. If I wish to be considered after that time, I realize I must re-apply.

Applicant's Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_