



**2009 JOB APPLICATION
FOR CAMP COUNSELORS/DORM COUNSELORS/TEACHERS**

Please check the position you are applying for:

_____Camp (Day) Counselor _____Dorm (Night) Counselor _____Teacher

Please print or type. You may use a continuation page, as necessary.

Name: _____ Social Security #: _____

Home Address: _____

City/State/Zip: _____

Telephone: (_____) _____ Best time to call: _____

Cell Phone No. _____ Email Address _____

Ethnicity: _____ Gender: _____

1. EDUCATION

Level of Education	University/State	Major/Minor	Type of Diploma/Degree	Dates of Attendance
Graduate				
Undergraduate				
High School				

2. WORK EXPERIENCE (LAST TEN YEARS) OTHER THAN TEACHING

Employer	Address	Position Held	Dates of Employment

3. PROFESSIONAL CERTIFICATES OR LICENSES

Type of Certificate/License _____ State _____

Expiration Date: _____ Endorsement(s) _____

4. TEACHING EXPERIENCE (LIST CHRONOLOGICALLY ALL TEACHING EXPERIENCE [INSTRUCTIONAL APPLICANTS ONLY])

Name of School	School District/City/State	Position Held/Subject Taught	Dates (Mo/Yr)	Total Years

5. Attach a description of how you think that your background and experience make you a good fit for this position. (Answer limited to 4000 characters, including spaces.)

6. Attach your philosophy of teaching your content area? (Answer limited to 4000 characters, including spaces.) [Instructional Applicants Only]

7. Please provide the name, title, and address or telephone number of three professors/teachers/bosses who would be willing to give us a recommendation.

Signature: _____ Date: _____