

WORK EXPERIENCE (Particularly in teaching, group leadership; list most recent first.)

Position-Title	Employer	Age of Children	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any certifications or licenses you hold (specifically CPR, FIRST AID etc.)

What new ideas can you bring to our after school programs?

Why do you think you would be a good fit for this program?

Are there any reasons you may have difficulty in performing any of the essential elements of the job for which you have applied? Yes ___ No___ If yes, please explain:

*I affirm that the information provided above is true and complete. I authorize investigation of all statements made on this form. I understand that if employed, I will be an at-will employee. I also understand that untrue, misleading, or omitted information may result in dismissal. I authorize Camp Fire North Shore Council to release any employment information necessary in order to provide references to future employers.

Signature _____ **Date** _____

Print Name _____

***Please remember staff training is mandatory. It is a state requirement by the Department of Early Education and Care. Also, please do not leave your SSN blank on the front of this application. We must submit a background check to the state for every employee hired who has contact with children. Thank you.

