



South Whidbey Parks & Recreation District

PO Box 136
Langley, WA 98260

Phone 360-221-5484
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www.swparks.org
swparks@whidbey.com

Employment Application

South Whidbey Parks & Recreation District is an Equal Opportunity Employer

Thank you for your interest in the South Whidbey Parks & Recreation District (SWPRD) as an employer. Only final candidates for posted openings will be contacted personally by the District.

Position Applied For: Day Camp Counselor or Jr. Counselor

Application Instructions

Mail this application, and a brief, 400-500 word biography introducing yourself to us and campers, to:

South Whidbey Parks & Recreation
Attention: Day Camp Director
PO Box 136
Langley, WA 98260

You may also apply at the SWPRD Office at 5475 Maxwellton Road, Langley, WA 98260 or email to programs@whidbey.com. We recommend that you call to confirm receipt.

General Information

Name (last, first, middle initial)	Social Security No. (Optional)	
Mailing Address	City, State, Zip	
Street Address	City, State, Zip	
Home Phone	Work Phone	Message Phone No.
Date of Birth (If Under 18 Years of Age)	Email	
Parent/Guardian Name(s)	Parent/Guardian Phone(s)	
Alternate Emergency Contact	Alternate Emergency Phone	

Are you a current or former SWPRD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Position	Dates From To
Name(s) of relatives employed by SWPRD		Relationship
Type of work desired: <input type="checkbox"/> Summer/Seasonal, paid (must be 16+ years of age) <input type="checkbox"/> Volunteer (14+ years of age) <input type="checkbox"/> Substitute/On Call <input type="checkbox"/> Other		Date available to start, if hired:
Dates or times you are unable to work		
Preferred Camp Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL		

Education & Training					
Name of High School Attended		City	State	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No
College or University	Major	Dates Attended From To		Full Years Completed	Degrees Title Dates
List any vocational, on-the job, military training, etc., which would be useful in the position for which you are applying				Dates Attended From To	Hrs/Credits Completed

Additional Skills Describe skills relevant to the job for which you are applying.		
SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Office equipment, computers, software		
Technical skills, licenses, certifications		
Other (talents, art, sports, music, etc)		
Are you certified in certified in First Aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	Expiration Date
Are you certified in CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No*	Expiration Date
*If no, will you be able to get certified by the start of camp, or attend our certification class in June (Will take place during non-school hours)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be able to attend our mandatory staff training sessions in June? These will take place in the evenings or weekends.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the job with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Background Information
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Washington State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No DL#
(If position applied for involves driving): Have you been convicted, pleaded to no contention or paid a fine for any traffic violations in the past three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain
Have you been convicted of a felony or served time in prison within the last ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No Conviction will not necessarily bar you from employment. If yes, please explain

Preferred Weeks to Work We cannot always accommodate your preferences, but will take them into consideration.		
<input type="checkbox"/> July 5 – July 8, 2011	<input type="checkbox"/> July 25 – 29, 2011	<input type="checkbox"/>
<input type="checkbox"/> July 11– 15, 2011	<input type="checkbox"/> August 1 – 5, 2011	<input type="checkbox"/>
<input type="checkbox"/> July 18 – 22, 2011	<input type="checkbox"/> August 8 – 12, 2011	<input type="checkbox"/>

How did you hear about the position for which you are applying?

- | | | |
|---|--|---|
| <input type="checkbox"/> Friend or Relative | <input type="checkbox"/> District Employee | <input type="checkbox"/> Activity Guide |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> District Website | <input type="checkbox"/> Other: |

Which of the following activities could you organize and lead at camp?

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Sports | <input type="checkbox"/> Science |
| <input type="checkbox"/> Games | <input type="checkbox"/> Cooking | <input type="checkbox"/> Talent Program |
| <input type="checkbox"/> Campfire | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Music |
| <input type="checkbox"/> Nature | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other: |

This section to be completed by a parent/guardian if applicant is a minor.

I support my child's application for being a SWPRD Day Camp Counselor and s/he has my permission to engage in all camp activities. I recognize that my child will be expected to take responsibility for themselves during breaks and occasionally to complete tasks alone (ie, setting up crafts while the rest of the staff finishes up a game), and I can attest to my child's level of maturity and ability to handle those activities. I give permission to allow photographs, digital images, and video footage that includes my child or written material that she may write about camp to be used in SWPRD's promotional material.

Signature of Parent/Guardian _____ Date _____

Are there any health, habits or physical problems which will need special attention at camp? ☐ Yes ☐ No
If yes, please explain. Attach letter if necessary or mail complete information with health form in May.

Is there any activity she is NOT to participate in? ☐ Yes ☐ No
If yes, please explain.

Biography Example

My name is Jane Doe and I am fun and full of energy! I am a student at South Whidbey High School with a special interest in teaching, because children are my passion. I love staying active and have played sports my whole life, and grew up attending camps throughout the summer. I played soccer and fast pitch softball at the College level for 2 years. I love the outdoors, hiking, fishing, and camping but also love arts and crafts! I am so excited about the fun summer that lies ahead - I can't wait to meet you!

Employment & Volunteer History			
Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections MUST be completed even if a resume is submitted.			
Employer		Employed from:	To:
Address		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary Duties			
Number of employees supervised by you		May we contact this employer?	Supervisor's phone
Reason for leaving			
Employer		Employer	To:
Address		Address	
Phone	Phone	Starting salary	
Position		Position	
Primary Duties			
Number of employees supervised by you		May we contact this employer?	Supervisor's phone
Reason for leaving			
Employer		Employer	To:
Address		Address	
Phone	Phone	Starting salary	
Position		Position	
Primary Duties			
Number of employees supervised by you		May we contact this employer?	Supervisor's phone
Reason for leaving			
Professional References Please list below 3 people (not relatives) who can evaluate your work experience.			
Name	Place of employment / title		Phone

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by the South Whidbey Parks & Recreation District, for dismissal. I authorize the District to solicit information regarding my character, general reputation, credit, previous employment and similar background information, and to contact any and all references I have given on my application.

Applicant's Signature _____

Date _____