

# LYNN SPECIAL NEEDS CAMP

250 COMMERCIAL STREET

LYNN, MA 01905

781-477-7096

2011 EMPLOYMENT APPLICATION

## PERSONAL STATUS

Name:

Address:

City:

State:

Zip Code:

E-mail Address:

Cell Phone #:

Home Phone #:

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

## ARE YOU CERTIFIED IN:

CPR:

\_\_\_\_\_ YES

\_\_\_\_\_ NO

FIRST AID:

\_\_\_\_\_ YES

\_\_\_\_\_ NO

## EDUCATION

Type of School	Name of School	Location	Dates Attended (M/Y - M/Y)	Degree/Date of Completion
High School				
College				
Other				

**EMPLOYMENT RECORD**

Begin With Most Recent Employment

Dates:    From To	Company Name	Telephone Number
Titles and Duties		
Reason For Leaving	Supervisor's Name	Telephone Number
Dates:    From To	Company Name	Telephone Number
Titles and Duties		
Reason For Leaving	Supervisor's Name	Telephone Number
Dates:    From To	Company Name	Telephone Number
Titles and Duties		
Reason For Leaving	Supervisor's Name	Telephone Number

**REFERENCES**

Please give the names of three (3) persons not related to you.

Name	Address	City, State, Zip Code	Phone Number	E-mail Address

Please use this space to add any further comments, which you believe, have enhanced your abilities to work with children, ages 6-13 years old.

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How did you find out about this position?

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

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