

Summer Camp Staff Application

Personal History:

Name Last: _____ First: _____ Middle: _____
 Social Security Number: ____-____-____ Date: _____
 Address: _____ City/Town: _____
 State: _____ Zip Code: _____ Phone: (____) _____
 Email Address: _____ Cell: (____) _____
 Date of Birth: _____ Age: _____

Employment History:

Employers Name/Address	Phone Number	Position Held	Dates
			From: To:
			From: To:
			From: To:

Licenses and Certifications:

(Please attach a copy of your current drivers license and certification cards.)

Do you hold a current drivers license? ____ Yes ____ No

Please list any certifications you currently hold and when they expire:

Certification	Expires		Certification	Expires

Recommendation Information:

List 3 people NOT related to you and who do not work for Lazer Lax, who have knowledge of your character, experience, work habits and abilities, related to this position.

Name	Address/Phone	Position

Criminal History:

A conviction record will not necessarily be cause for employment disqualification. All potential employees of Lazer Lax are required to complete a CORI and SORI check from the Massachusetts Sex Offender Registry and Criminal History Systems Boards.

Have you ever been convicted of a felony? ____ Yes ____ No

Have you ever been convicted of a misdemeanor within the last five years? ____ Yes ____ No

If Yes, please provide details and state the offense, date, and location:

I certify that I my answers to the preceding questions are true and complete and that I have not knowingly withheld any information, which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for reflection of this application or dismissal after employment and that employment is subject to verification of references.

I understand that as part of the application process, Lazer Lax Lacrosse Camp will perform a Criminal Offender Record Information Date Check (CORI) and a Sexual Offender Record Information Data Check (SORI) on all prospective employees and that employment is contingent on the information received.

I hereby authorize Lazer Lax Lacrosse Camp to investigate all information pertinent to my application in order to determine my qualifications for employment. I hereby authorize all persons and organizations having information relevant to my application to provide that information to Lazer Lax Lacrosse Camp and I hereby agree to hold harmless Lazer Lax Lacrosse Camp and all those providing information to it from liability arising out of or as a result of the provision or use of such information. I understand that any offer of employment may be rescinded if my references are inadequate or unacceptable to Lazer Lax Lacrosse Camp.

I understand that if employed, I will be an at-will employee of Lazer Lax Lacrosse Camp and will receive an agreement in writing which will be signed by the director of the camp.

I understand that as a condition of employment I must provide a record of immunization and statement of health history that are current.

Signature: _____

Date: _____

Return your completed application to:

Lazer Lax Lacrosse Camp, 75 Currier Street, Methuen, MA 01844
(978) 689-7282, E-mail – info@lazerlax.com