

MIDDLESEX SCHOOL SUMMER ARTS
1400 LOWELL RD. P.O. BOX 9122
CONCORD, MA 01742-9122
TEL: (978) 371-6550 or (978) 402-1432
FAX: (978) 402-1461

2009 EMPLOYMENT APPLICATION JUNIOR COUNSELOR

Please print this application and send with a copy of your resume to the above address

Attach a recent photo and current resume

First Name: _____

Middle Name: _____

Last Name: _____

Social Security #: _____

Date of Birth: _____

Please put an "X" in front of the address where you would like your mail sent

Home Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Home Phone: _____

Other Phone #: _____

E-mail: _____

School Address: _____

City: _____

State: _____ Zip: _____

Country: _____

In case of accident or emergency please notify:

Home Address:

City:

State:

Zip:

Country:

Home Phone:

Work Phone:

I am applying for the position of (general/specialty -if specialty, state which):

Do you have any functional disabilities that could affect your performance in the job you have applied for?

yes _____ no _____

If yes, please explain:

EDUCATION:

College:

Year of

Graduation:

Address:

City:

State:

Zip:

Country:

EXPERIENCE: please attach a resume

What other talents and hobbies do you have that you might share as special offerings for one or two periods? (please attach an extra sheet of paper if needed):

Do you hold certification for the following?

Lifeguard Certificate ___yes ___no

If yes, certificate dates _____

WSA (Water Safety Assistant) ___yes ___no

If yes, certificate dates _____

WSI (Water Safety Instructor) ___yes ___no

If yes, certificate dates _____

CPR Certificate ___yes ___no

If yes, certificate dates _____

If you were a Counselor-in-Training at MSSA, please share your impressions of a Junior Counselor's responsibilities. (please attach an extra sheet of paper if needed):

What do you feel you will add to the program as a Junior Counselor?
(please attach an extra sheet of paper if needed):

What do you expect to get out of the program as a Junior Counselor?
(please attach an extra sheet of paper if needed):

REFERENCES (PLEASE LIST THREE)

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____

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City: _____
State: _____ Zip: _____
Telephone: _____

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Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____

Should you be hired the following forms are required:

- Staff Employment Contract
- Current Health Form, including Immunization History
- W-4
- I-9 Form

These forms are provided by MSSA when appropriate. The forms must be completed and returned to the MSSA office by April 1, 2009.

The State of Massachusetts requires an expanded CORI (Criminal Record Information) check on all camp employees; Immunization History (includes TB test results within the past 24 months); W-4 is required by the State of MA and U.S. Government; and I-9 is required by the U.S. Government.

By my signature I acknowledge that all information I have provided is true and accurate and that any false statements are grounds for disqualification or termination from employment. I also give permission to MSSA to contact all personal references.

Signature: _____

Date: _____