



# EMPLOYMENT APPLICATION

Position(s) you are applying for:

\_\_\_ Counselor \_\_\_ Lifeguard \_\_\_ Kitchen Staff  
\_\_\_ Medical Staff \_\_\_ Sports Dir. \_\_\_ Arts & Crafts Dir.

## PERSONAL

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_  
E-mail \_\_\_\_\_

(PLEASE LEAVE BLANK)

## EDUCATION

School(s) Attended	From (M/Y) to (M/Y)	Graduated? (Y/N)	If No, Year/Grade Entering
_____	_____	_____	_____
_____	_____	_____	_____

## WORK EXPERIENCE

Employer	From (M/Y) to (M/Y)	Supervisor/Tele #	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## CAMPING EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_

## TELL US A LITTLE ABOUT YOURSELF . . . .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is true and complete, and that any falsification of information contained herein may cause forfeiture on my part of any employment with the Sephardic Adventure Camp. I understand that the information on this application is subject to verification and that representatives of the Sephardic Adventure Camp may contact employers and educational institutions listed regarding this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Upon completion of this form, send, email, or fax to:  
SAC, P.O. Box 1248, Mercer Island, WA 98040, fax (206) 725-8985, email [info@sephardicadventurecamp.org](mailto:info@sephardicadventurecamp.org)