

MERMAID COUNTRY DAY CAMP EMPLOYMENT APPLICATION

Mermaid Lake, Inc., P.O. BOX 60, BLUE BELL, PA. 19422
(610) 275-6014

PLEASE PRINT ALL INFORMATION

Date of Application: _____

PERSONAL INFORMATION

Name: _____
LAST NAME FIRST NAME MI

____ - ____ - ____ Birthdate: ____ / ____ / ____ Circle: Male / Female
Social Security #

Home Address: Street: _____
City: _____ State: _____ Zip: _____
Home Ph #: () _____
E-Mail Address: _____

If applicable...

Address at College: Street: _____
City: _____ State: _____ Zip: _____
Ph #: () _____ **E-Mail Address:** _____

Date you will be home from school and can be contacted at your home address. ____ / ____ / ____

EMPLOYMENT DESIRED

Position: _____
Date you can start: . ____ / ____ / ____ Salary desired: \$ _____

EDUCATION

High School: _____ Grade: 9- 10- 11-12 or Year Graduated: _____
College: _____ Year: Fr- So- Jr- Sr or Year Graduated: _____
Major (s): _____

SPECIAL CERTIFICATIONS

Lifeguarding [] Yes Expires: ____ / ____ / ____ Inf. & Child CPR [] Yes Expires: ____ / ____ / ____
Standard First Aid [] Yes Expires: ____ / ____ / ____ Other: _____

List any additional training or skills (Sports, hobbies, or special talents) that would help you in the performance of the job you are applying for. _____

FORMER EMPLOYERS:

May we contact your current/recent employer? [] Yes [] No
Former employer: _____ From: ____ / ____ / ____ To: ____ / ____ / ____
Supervisor: _____ Position held: _____ Salary: \$ _____
Reason for leaving: _____

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REFERENCES: Who were you referred by? _____

List two individuals not related to you, whom we can contact as a character reference.

1) Name: _____ Ph #: () _____

Yrs. known: _____

In what capacity does this person know you? _____

2) Name: _____ Ph #: () _____

Yrs. known: _____

In what capacity does this person know you? _____

DRIVER ABSTRACT PERMISSION FORM (For applicants 18 years or older): Mermaid Country Day Camp has permission to request a copy of my driving abstract from the state of Pennsylvania (or any state that has issued me a current drivers license) for the purpose of investigating my past driving record.

Signature: _____

Date: _____

EMERGENCY CONTACTS: In the event of medical emergency who should we contact?

1) Name: _____ Ph # () _____

2) Name: _____ Ph # () _____

Emergency Authorization (Employees under the age of 18)

If I cannot be reached during a medical emergency involving my child, I hereby give permission to the medical personnel selected by the camp director to provide emergency medical treatment. I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment for the person mentioned above. This form may be faxed or photocopied.

Parent or Guardian Signature: _____

UNIFORM INFORMATION:

MCDC will supply full time employees with three shirts for the season and part time employees with 1 shirt. If you will need more please order extra - \$6.00 each.

Size: MED ___ LG ___ XL ___ 2XL ___ # of Extra Shirts: _____

AUTHORIZATION: I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, that falsified information on this application will be grounds for dismissal.

I authorize the investigation of all statements contained herein. I authorize the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release Mermaid Country Day Camp and Mermaid Swim and Golf Club Inc., from all liability and any damage that may result from the utilization of such information.

Signature: _____

Date: _____

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CONDITIONS OF EMPLOYMENT

- **Personal Appearance Guidelines**

MCDC has established the following guidelines to ensure that we project a consistent and professional image to parents and campers. MCDC reserves the right to restrict clothing, fashion, jewelry or other trends that are inconsistent with this goal.

Hygiene: Shower regularly and use deoderant. Hair, hands and fingernails must be clean at all times.

Hair: Haircuts will be conservastive, neat and combed. Hair colors must be similar to a color found naturally (No extremes, sych as hair dyed green or purple). Men should shave regularly – Conservative mustaches, beards and sideburns are permitted.

Jewelry: Because of the rigorous activity associated with the camp day, we ask that minimal amounts of jewelry will be worn. The jewerly worn (Rings, earrings, watches and necklaces) must be low profile and not present a hazard to you or others during camp activities. Medical ID necklaces and bracelets are acceptable and should be worn at all times. Other than earrings, no other pierced jewelry is acceptable (i.e. eyebrow rings, nose rings, tongue rings).

Uniform: Counselors are expected to dress in uniform at all times. The camp uniform is a camp staff shirt or camp tee shirt with shorts and athletic sneakers. Counselors will also need a bathing suit for swimming classes.

- ***No vacation days will be approved during the eight weeks of camp.*** Special circumstances such as job interviews, family emergencies, sickness, etc. will be accommodated.
- No smoking on premise.
- **All employees will be expected to take an active role in all activities.** This includes getting in the water for swimming instruction, supervision of free swim and clean up after all activities.
- All employees will be expected to attend counselor training sessions held the weekend prior to the start of camp.
- All employees will be certified in Infant & Child CPR through the last day of camp.

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- Upon confirmation of employment, employees will be required to provide the following information, prior to starting employment and receiving their first pay check:
 - Age 14:** Working papers on file with MCDC and your school
 - Age 14-15: Submit photocopies of two of the following forms of ID:** Social SecurityCard; School ID with picture; School report card; Certificate of birth; or a US Passport
 - Age 16-20: Submit photocopies of two of the following forms of ID:** Drivers license; Social Security Card; School ID with picture; School report card; Voter registration card; Certificate of birth; US Passport; or US Alien Registration Card
 - Age 21 & up: Submit photocopies of two of the following forms of ID:** Drivers license; Social Security Card; School ID with picture; School report card; Voter registration card; Certificate of birth; US Passport; or US Alien Registration Card. **In addition:** Employees at 21 or older must submit a current Child Abuse / FBI background check. The forms are available at any Pennsylvania State Police barracks. The process takes several weeks, forms must be filled out in person and there is a fee.

Contact: King of Prussia PA State Police (610) 279-1605
Limerick/Skipack PA State Police (610) 287-8380

I have read the Conditions of Employment and I agree to comply with the Conditions of Employment as stated above.

Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Date: _____

Remarks: _____

Communication Skills: ____ Personality: ____ Attitude: ____ Neatness: ____

Overall rating : 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Hired:[] Yes [] No Position: _____ Salary: _____ Starting Date: _____

Special Arrangements: _____