

BIRCH CREEK MUSIC PERFORMANCE CENTER

SUMMER EMPLOYMENT APPLICATION

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Position you are applying for: _____ Date: _____

Secondary position you are applying for: _____

Application review begins **February 1**. Positions fill quickly; we recommend that you apply as early as possible.

Please read all instructions carefully and complete all sections of the application fully and accurately.

It is your responsibility to provide sufficient information on this application to indicate that you meet the minimum qualifications for the job for which you wish to be considered.

Your application may be ineligible for review if information is omitted or inaccurate.

PERSONAL INFORMATION			
NAME:			
LAST	FIRST	MIDDLE	
CURRENT ADDRESS:			
STREET	CITY	STATE	ZIP CODE
PERMANENT ADDRESS:			
STREET	CITY	STATE	ZIP CODE
TELEPHONE:			
DAY	EVENING OR CELL		
EMAIL ADDRESS:			
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 19 years old or older?			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you learn about this position?			
Date you will be available to begin work?			
Will you be available to work through August 18, 2018			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list all current certificates: i.e., First Aid, CPR, Life Guard			
Have you ever worked for a summer camp?			
If yes, please indicate where and in what capacity.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

LICENSE(S) List all relevant licenses, including valid driver's license.

Type of License	License Number	Expiration Date	State	Granted By (Licensing Board)

EDUCATION

Name and Location of High School Attended: _____

Indicate the following:

Still Enrolled

High School Diploma

GED

Name and Location of College/University/Technical School(s) Attended	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma

PLEASE COMPLETE THE FOLLOWING:

You may provide your answers on a separate page if you prefer.

Why do you want to work at Birch Creek?

Please list any additional acquired skills, knowledge or experience you would like considered when assessing your qualifications for this position. For example, volunteer work, family business or vocations training, etc.

Describe any informal or extra-curricular activities you have been involved in relevant to your application.

Please describe any experience(s) you may have with physical labor, cleaning/housekeeping and/or cooking.

Please describe any experience(s) you have with planning recreational activities for high-school aged students.

Have you ever been convicted of (or plea bargained to) a felony or misdemeanor conviction? Yes No

If "yes," state the nature, resolution and date of the case(s). _____

EMPLOYMENT HISTORY

Beginning with your current or most recent job, list all previous employers and provide a complete description of performed job duties. If applicable, include military and unpaid volunteer experience.

Please note that an offer of employment may depend upon verification of education, skills and employment history.

Month/Year-Month/Year	Company Name & Address	Job Title
Weekly Salary:	\$	Hours Per Week:
Reason for leaving: _____		
Is it OK to contact your supervisor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:		Supervisor Telephone:
Duties: _____		

Month/Year-Month/Year	Company Name & Address	Job Title
Weekly Salary:	\$	Hours Per Week:
Reason for leaving: _____		
Is it OK to contact your supervisor?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor:		Supervisor Telephone:
Duties: _____		

Month/Year-Month/Year	Company Name & Address	Job Title
Weekly Salary:	\$	Hours Per Week:
Reason for leaving: _____		
Is it OK to contact your supervisor?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Supervisor:	Supervisor Telephone:
Duties:	

PLEASE ATTACH THE FOLLOWING TO YOUR COMPLETED APPLICATION:

1. The names, addresses and telephone numbers of 3 references we may contact, if you have not provided them yet.
2. A personal photo to be used for interview identification.

I certify that I have read this form in its entirety and that the information provided is true, accurate and complete to the best of my knowledge. I understand that, should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or in my discharge if I am employed regardless of when the false, misleading or erroneous information is discovered.

I understand that employment in certain positions may be conditional upon review of my driving record. I authorize Birch Creek Music Performance Center, Inc. to request and obtain these records.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Applicant Signature

Date

I give Birch Creek Music Performance Center, Inc. permission to check references and verify information provided in this employment application.

Applicant Signature

Date

Questions? 920-868-3763

RETURN ALL APPLICATION MATERIALS TO:

Mail:

Birch Creek Music Performance Center, Inc.
 Attn: Michelle Naese, Office Manager
 PO Box 230
 Egg Harbor, WI 54209

PDF SCAN/EMAIL all pages to
mainoffice@birchcreek.org

Fax:

920-868-1643

Attn: Michelle Naese, Office Manager
 RE: Summer Employment Application

Visit: www.birchcreek.org for more details.

Questions may be directed to Michelle Naese,
mainoffice@birchcreek.org.