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### Application for Employment

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Education

High School	Grade Completed	Graduation Year
College	Degree	Area of Study
Post College	Degree	Area of Study

### Job Experience

Employer (Name and Address)	Dates of Employment	Description of Job
Employer (Name and Address)	Dates of Employment	Description of Job
Employer (Name and Address)	Dates of Employment	Description of Job
other related experience/training/certification:		

### References (non- relative whom you have known for at least 1 year)

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

Health Record

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Please List any/all health problems/diagnoses including physical, psychiatric, or behavioral: \_\_\_\_\_

\_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Most Recent Tetanus Shot: \_\_\_\_\_