



If we can D.R.E.A.M. it, we can do it!

Application for Employment

Dates for the Summer Camp are Monday – Friday for June 25, 2007 to July 6, 2007 and July 16, 2007 to August 3, 2007. Hours employees will be there are from 8:30 am to 3:30 pm.

Position applying for: _____

NAME (Last, first middle)		
ADDRESS		
CITY	STATE	ZIP
PHONE NO. (home)	(mobile)	
SOCIAL SECURITY NUMBER		

Education

HIGH SCHOOL	DATE OF GRADUATION
COLLEGE	DEGREE & YEAR
COLLEGE	DEGREE & YEAR

Former Employers

1.	From	To
2.	From	To
3.	From	To

May we contact any current employers? Yes No

References

1.	Phone No.
2.	Phone No.

Please briefly explain why you are interested in working with special needs children and if you have any experience, skills or additional training that is relevant.

Are you a US citizen and eligible to work in the US? Yes No

Are you over the age of 18? Yes No

Have you been convicted of or pleaded no contest to a felony within the last 10 years?

Yes No If yes, please explain: _____

PLEASE READ CAREFULLY

The acceptance of this application shall not be construed as acceptance for employment, nor shall it entitle the applicant to any benefit from Pattison's Academy except that Pattison's Academy may review the application for the consideration of hiring decisions of positions that are open at the time and date of application. Pattison's Academy is not required to retain this application for any length of time past its initial review.

As part of the application process, Pattison's Academy may conduct an investigation of all statements contained in this application. The misrepresentation or intentional omission of facts in this application may result in refusal to hire or subsequent termination if discovered after hire. Your signature below acknowledges that the company may contact schools, previous employers (unless otherwise notes), references and others, and hereby releases Pattison's Academy from any liability as a result of such contact.

Pattison's Academy may also conduct a SLED background check as well as a check against the National Sex Offender Registry. Those accepted for employment will be required to complete a Child Protection Training course through Darkness To Light. (All of these are paid for and provided by Pattison's Academy). Your signature affirms that you have read, understand, and agree to the terms of this application.

Signature _____ Date _____

Please return applications to the attention of Pam Sloat at the fax number or mailing address provided below.