

WORK EXPERIENCE

Please list employment experience beginning with current or most recent first.

1. Employer _____ Supervisor _____
 City/ State _____ Telephone _____
 Position _____ Dates _____ to _____
2. Employer _____ Supervisor _____
 City/ State _____ Telephone _____
 Position _____ Dates _____ to _____
3. Employer _____ Supervisor _____
 City/ State _____ Telephone _____
 Position _____ Dates _____ to _____

REFERENCES

Reference forms should be filled out and returned **DIRECTLY** from the persons listed below to Phantom Lake as soon as possible. Please list at least one relative.

- | | Name | Relationship | Phone |
|----|-------|--------------|-------|
| 1. | _____ | () | _____ |
| 2. | _____ | () | _____ |
| 3. | _____ | () | _____ |
| 4. | _____ | () | _____ |

Please rank yourself from 1 to 5, with 1 being no interest and 5 being experienced and capable of teaching this skill.

	Archery		Fishing		Canoeing
	Arts & Crafts		Gardening		Canoe Trips
	Basketball		Grounds or Maintenance		Mask, Fins & Snorkel
	Backpacking Trips		Martial Arts		Rowing
	Bike Trips		Music		Sailing
	Campfire Programs		Photography		Swimming Lessons
	Climbing Tower		Riflery		Synchronized Swimming
	Cycling/ Bike Maintenance		Soccer		White Water Trips
	Dance		Song Leading		Windsurfing
	Drama		Storytelling		
	Dishwashing		Tennis		Other
	Environment Education		Wilderness/ Orienteering		Other
	Food Preparation		Zip Line		Other

Please list any **current** (*that will be good during your employment*) certifications:
 (i.e. Lifeguard, WSI, CPR, First Aid, etc)

I understand and agree that at all times my employment is at the will of the employer. I understand that I may be disciplined, laid off or dismissed with or without cause and with or without notice. I certify that all information provided in the employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration or dismissal if discovered later. I have read, understood and by my signature consent to the statements.

Signature _____ Date _____