

APPLICATION FOR CAMP COUNSELOR EMPLOYMENT

TEXAS MARITIME MUSEUM, 1202 NAVIGATION CIRCLE, ROCKPORT, TX 78382

PHONE: 361-729-1271, FAX: 361-729-9938, EMAIL: educator@texasmaritimemuseum.org

DATE _____

PERSONAL INFORMATION

Name (Last, First)	DOB/Age	Social Security No.	
Present Address	City	State	Zip code
Phone	Referred by	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position desired: Head Counselor/Counselor/Sub-Counselor		May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
T-Shirt Size: Adult/ Small...Medium...Large...X-Large...XX-Large...			

EDUCATION

	Name and location of School	Years Attended	Graduate	Major
High School				
College				

EXTRACURRICULAR ACTIVITIES, VOLUNTEER EXP. OR FORMER EMPLOYERS

Date Mo./Yr.	Name and Address of Employer	Salary	Position	Reason for Leaving

REFERENCES: Personal or past employer

NAME	PHONE	BUSINESS	YEARS KNOWN

AVAILABILITY:Sailor's Holiday – Spring Break Camp March 21-25S.E.A (Summer Experience in Aransas) Camp

- | | | | |
|--------------------------|-----------------|-------------------------|---|
| <input type="checkbox"/> | Week 1 | June 6-10 | 5 th Graders & Volunteer Inductees |
| <input type="checkbox"/> | Week 2 | June 13-17 | 1 st & 2 nd Graders |
| <input type="checkbox"/> | Week 3 | June 20 – 24 | 3 rd & 4 th Graders |
| | <i>Vacation</i> | <i>June 27 – July 8</i> | |
| <input type="checkbox"/> | Week 4 | July 11-15 | 1 st & 2 nd Grade |
| <input type="checkbox"/> | Week 5 | July 18-22 | 3 rd & 4 th Grade |

H₂Odyssey Camp

<input type="checkbox"/>	Week 2	June 13-17	
<input type="checkbox"/>	Week 3	June 20 – 24	
	<i>Vacation</i>	<i>June 27 – July 8</i>	
<input type="checkbox"/>	Week 4	July 11-15	1 st & 2 nd Grade
<input type="checkbox"/>	Week 5	July 18-22	3 rd & 4 th Grade

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application will be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

Date _____ **Signature** _____