

|  |  |
| --- | --- |
| Piedmont health services and Sickle Cell Agency  Summer Enrichment Camp Employment Application |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | |
| Last Name |  | | | | | | | | | | | First | |  | | | M.I. | | Date |  |
| Street Address |  | | | | | | | | | | | | | | | | Apartment/Unit # | | |  |
| City |  | | | | | | | | | | | State | |  | | | ZIP |  | | |
| Phone |  | | | | | | | | | | | E-mail Address | |  | | | | | | |
| Dates Available | 07/29/18-08/03/18 | | | | | | Social  Security  No. | | | | |  | | | | Tee Shirt Size | | |  | |
| Position Applied for | | |  | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | YES | | | | | NO | | | If yes, explain | | | | | | |
| Have you ever worked for this company? | | | | | | YES | | | | | NO | | | If so, when? |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | |
| **High School** |  | | | | | | | | | | | | Address |  | | | | | | |
| Did you graduate? | YES | | | | NO | | | Degree | | | | |  | | | | | | | |
| **College** |  | | | | | | | | | | | | Address |  | | | | | | |
| Did you graduate? | YES | | | | NO | | | | Degree | | | |  | | | | | | | |
| **Other** |  | | | | | | | | | | | | Address |  | | | | | | |
| Did you graduate? | YES | | | NO | | | | | | Degree | | |  | | | | | | | |
| Are you certified in CPR/First Aid? YES  NO | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact & Health insurance Information | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact Name | |  | | | | | | | | | | | | | | | | | | |
| Phone | |  | | | | | | | | | | | | | | | | | | |
| Physician | |  | | | | | | | | | | | | | | | | | | |
| Phone | |  | | | | | | | | | | | | | | | | | | |
| Insurance | |  | | | | | | | | | | | | | | | | | | |
| Policy # | |  | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| medical information | | | | |
| Medical Conditions | |  | | |
| Allergies | |  | | |
| Restrictions or Limitations | |  | | |
| Medications | |  | | |
|  | | | | |
|  | | | | |
| Disclaimer and Signature | | | | |
| To the best of my knowledge the information contained on the Summer Enrichment Camp Application is true. I understand that supplying false information is immediate grounds for termination of employment. I also understand that this does not create any legal rights, obligations or a guarantee, expressed or implied, between PHSSCA and me, and is not a contract of employment. I further understand and agree that no person other than the Executive Director has the authority to enter into a binding written or oral employment agreement, or otherwise to enter into any written or oral agreement, promise or guarantee regarding my employment.  I also agree to drug testing and to provide a criminal check if chosen for employment.  This health history is correct as far as I know and I hereby give permission to the camp:  1. To provide ongoing health care  2. To select medical personnel and to order x-rays or routine tests or treatment for the staff member.  I hereby give permission to the appointed medical director or camp physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the above named person. This form may be photocopied for use out of camp. | | | | |
| Signature |  | | Date |  |

**PHSSCA**

**SUMMER ENRICHMENT CAMP**

**P. O. Box 20964, Greensboro NC 27420**

**(336) 274-1507 or 1-800-733-8297**

**Fax: (336)275-7984**

