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

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| 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 # |  |

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| medical information  |
| Medical Conditions |  |
| Allergies |  |
| Restrictions or Limitations |   |
| Medications |  |
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| 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**

