

Camp imagination



Who knew learning could be so much fun!

Mary Treglia Summer Day-Camp - Irving Elementary - Grades K-5 - June 9-August 1

APPLICATION FOR EMPLOYMENT

Mary Treglia is an Equal Opportunity Employer Committed to Workplace Diversity.

Position(s) Applied For: Instructor Assistant Instructor Youth Worker Preschool Worker Arts Instructor

P E R S O N A L	Last Name:	First Name:	Middle:	Today's Date:
	Current Street Address:			Social Security Number:
	Current City/State/Zip:			e-mail:
	Permanent Address (if different than above):			Home Phone:
	Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Cell Phone:
	Have you ever been employed by Mary Treglia? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates and job title(s):			Day Phone:
	Have you been convicted of or plead guilty to any criminal offense or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

E D U C A T I O N	Name and Location	Courses or Major	Graduated?	Degrees Received
	High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Trade/Voc:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, course of study and expected completion date:			
	Do you hold Teacher Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, State and License No.:			
	If a current teacher, what grade level(s) do you teach?			
	What certifications, endorsements or approvals have you achieved:			
Other than English, what languages do you speak: (please indicate fluent, proficient, or limited)				

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Company/Organization	Phone:	Employed (Month and Year) From: To:
Address	City/ST/Zip	Job Title:
Describe Duties and Responsibilities		
Reason for Leaving:		

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Reason for Leaving:		

O T H E R	Organization & Location for Which You Volunteer(ed)	Your Role/Activities	Dates
E X P E R I E N C E	Other Skills: (certifications, licenses and any special skills related to the job)		
	First Aid:	Expires:	
	CPR:	Expires:	
	Professional Licenses	Expires:	
	Instructor Certifications:	Expires:	
	Other Specialized Skills or Training:		

R E F E R E N C E S	Name:	Phone:
	Business/Organization:	Relationship
	Business or Home Address:	Known how long?
	Name:	Phone:
	Business/Organization:	Relationship
	Business or Home Address:	Known how long?
	Name:	Phone:
Business/Organization:	Relationship	
Business or Home Address:	Known how long?	

Please indicate ALL areas in which you have training/experience/talent.						
Activity	Professional Training	Talented/ Skilled	Some Experience		Could Teach	Could Assist
Play Directing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Drama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Musicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Skits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Improvisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Storytelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Set Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Costuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Playwriting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mask Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Instrument (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Band	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Orchestra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Vocal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Choral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Sketching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Watercolors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Sculpture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Pottery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Ceramics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Weaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Basketry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Leather Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Ballet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Jazz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Tap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Modern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Choreography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Cheer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Any other relevant art/performing arts experiences:						

ARTS EXPERIENCE

What age group(s) do you prefer to work with? Please rank 1-6, 1 being first preference, 6 being your last preference:

_____K _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th

Please list any age groups you prefer NOT to work with:

Please explain:

C E R T I F Y	<p>Why do you want to work with and help educate children?</p>
	<p>What personal interests, knowledge, or aspects of your personality would most benefit Camp Imagination?</p>
	<p>List your three greatest strengths and three greatest challenges working with children:</p> <p>Strengths:</p> <p>Challenges:</p>
	<p>Any other comments:</p>

C E R T I F Y	<p>I certify that answers given in this application are true and complete to the best of my knowledge and understand that any untruthful or misleading answers or omissions of fact may result in rejection of this application or dismissal if employed.</p>	
	<p>I authorize and release any and all former employers, supervisors and any other persons to furnish Mary Treglia with information concerning my work performance, skills, abilities and character.</p>	
	<p>I understand that if an offer of employment is made, employment is conditional based upon the results of the background investigation(s) conducted by Mary Treglia, which may include complete criminal conviction and abuse/exploitation disclosure(s), DMV, and related record checks pertinent to the position offered.</p>	
	<p>I further understand and acknowledge that any employment relationship with Mary Treglia is at-will and that either Mary Treglia or I may terminate the relationship at any time with or without cause or notice. Additionally, I understand that I must furnish proof of my identity and legal right to work in the U.S. within three days of hire and that, if employed, I am required to abide by all policies and procedures of Mary Treglia.</p>	
	<p>_____</p> <p style="margin-left: 100px;">Signature</p>	<p>_____</p> <p>Date</p>

**SEND COMPLETED APPLICATION TO:
Mary J. Treglia Community House, 900 Jennings, Sioux City IA 51105**