



Application for Employment

Program Dates: June 24 – July 31, 2020 (Mandatory Staff Orientation June 22nd and June 23rd)

To Applicant: We are an equal opportunity employer and comply with all federal, state, and local laws which prohibit discrimination in employment including because of race, religion, color, gender, gender identity and expression, ethnic or national origin, age, disability, sexual orientation or preference, genetic information or ancestry, marital status, and/or veteran status.

GENERAL INFORMATION:

Name (Last, First, MI):			Date:	
Street Address:		City:	State:	Zip:
Cell Phone:	Secondary Phone:	Email Address:		
Position(s) applying for:			How did you hear of this position? _____ Job Posting (please specify) _____ School Website _____ Referral	
Have you ever applied for a position or been employed at Carroll? Yes No If Yes, please list position:			Are you age 18 or older? Yes No	

EDUCATION INFORMATION:

High School:	City:	State:	Diploma / GED:	General Ed. Or Advanced Classes: Expected Graduation date:
College:	City:	State:	Degree:	Major: Expected Graduation date:
Graduate School:	City:	State:	Degree:	Major: Expected Grad. Date:
Other:	City:	State:	Degree:	Major:
Please list any additional education or certifications:				Current HS Grade or College Year:

FIVE YEAR EMPLOYMENT HISTORY:

List most recent position first. Attach additional sheet if necessary.

Job Title:	Name of Employer:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Name of Manager and email address:	Manager's Title & Department	Manager's Phone Number: () - ext. May we contact: Yes No	

Job Title:	Name of Employer:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Name of Manager and email address	Manager's Title & Department	Manager's Phone Number: () - ext. May we contact: Yes No	

Job Title:	Name of Employer:	From Mo/Yr:	To Mo/Yr:
Street Address:	City:	State:	Zip:
Reason for Leaving:	Summary of Duties:		
Name of Manager and email address	Manager's Title & Department	Manager's Phone Number: () - ext. May we contact: Yes No	

PROFESSIONAL REFERENCES:

Please list three professional references that we may contact.

Reference Name #1:	Company:
Occupation/Title:	Email Address/Daytime Phone Number:
Reference Relationship to you/Dates worked with reference:	

Reference Name #2:	Company:
Occupation/Title:	Email Address/Daytime Phone Number:
Reference Relationship to you/Dates worked with reference:	

Reference Name #3:	Company:
Occupation/Title:	Email Address/Daytime Phone Number:
Reference Relationship to you/Dates worked with reference:	

SUMMER CAMP EXPERIENCE

Please list any summer camps you have been involved with, the type of duties you had, and activities you were involved with. Attach an additional sheet if necessary.

Camp:	Location:	Year(s):
Position:	Activities:	
Additional Training: (circle) CPR Lifeguard First Aid WSI	Are you: ___ Carroll Alumnus ___ Relative of alumnus or staff	
How did you hear about Summer@Carroll:		

AUTHORIZATION:

I understand that this application for employment does not guaranty that I will be hired by the School, and is not intended to create a contract of employment if I am offered and accept a position with Summer@Carroll.

All employment and continued employment at the School is subject to and contingent on the results of criminal history background checks. This includes national criminal history information obtained through fingerprinting. I understand that the School will investigate my criminal history record (including CORI, fingerprinting and SORI), and that the School will require me to complete documents required to obtain criminal history information. I assent to and agree to cooperate with all required criminal history background checks.

I understand that the School may also investigate my driving record depending upon the position for which I am applying.

I further understand that the School may contact my previous employers to request information about my employment history. I hereby authorize those employers to disclose to the School all information pertinent to my employment by them.

In order to assist the School to obtain information regarding my prior employment I hereby waive any right or claims I have or may have against my former employers, their agents, employees, and representatives arising from the release of information concerning my employment by them, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information concerning my employment, whether such information is favorable or unfavorable to me.

I hereby state that all of the information that I provide on this application and in any interview is true and complete to the best of my knowledge. I understand that if I am employed and any such information is later found to be false in any respect, my employment may be terminated.

DO NOT SIGN UNTIL YOU HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Signature of Applicant

Date

This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the Lincoln and Waltham Boards of Health.

Email S@C Employment Application and Resume to: Summer@carrollschool.org or

Mail S@C Employment Application and Resume to: Summer@Carroll
Carroll School-Attn: Donna Brown
25 Baker Bridge Road
Lincoln, MA 01773-3199