

Catskill Camp Services Employment Application

Application Date:

Are you at least 18 or older?

Name:

Address:

City, State, Zip:

Phone #:

Email

Schedule Requested:

Date Available:

Shirt Size:

EMS/EMT/RN Number:

Level of Training

Date of Certification:

EMS Affiliation:

Other Training:

Current Employer:

Current Employer Contact:

Allow Contact With

Yes

Current Employer:

No

Current Employer Phone:

Reference 1:

Name:

Address:

City, State, Zip:

Phone:

Email:

Reference 2:

Name:

Address:

City, State, Zip:

Phone:

Email:

Please indicate season availability: All 13 weeks, Leave Early, Need time off for vacation, etc. ?

How did you hear about us?

If possible, please provide copies of EMT cards, RN licenses, ACLS, PALS, etc. with your application.

Email to: catskillcampservices@gmail.com