

## ARC SUMMER ADVENTURES P.O. Box 18800 Hattiesburg, MS 39404-8800

## ARC EMPLOYEE APPLICATION

| NAME             |                                       |                          |                       |                       | _ DOB                |                              |
|------------------|---------------------------------------|--------------------------|-----------------------|-----------------------|----------------------|------------------------------|
| ADDRESS          |                                       | CITY                     |                       | ZIP                   |                      |                              |
| PHONE            | CELL F                                | PHONE                    |                       | _                     |                      |                              |
| E-MAIL           |                                       |                          |                       |                       |                      |                              |
| CURRENT EMPLOY   | ER                                    | ADI                      | DRESS                 |                       |                      |                              |
| DATE OF EMPLOYM  | MENT                                  |                          |                       |                       |                      |                              |
| WORK RESPONSIBI  | LITIES                                |                          |                       |                       |                      |                              |
| EDUCATIONAL BAC  | CKGROUND ( i.e. High schoo            | ol diploma, college de   | gree, # yrs. college) |                       |                      |                              |
| CPR CERTIFICATIO | MBER OF ARCYES  NYESN  VER'S LICENSEY | NO EXPIRATION            | DATE                  |                       |                      |                              |
| ORGANIZATIONS/M  | IEMBERSHIPS (Clubs, extra             | a curricular activities) | )                     |                       |                      |                              |
| PREVIOUS WORK W  | WITH DISABLED INDIVIDU                |                          |                       |                       |                      |                              |
|                  |                                       | PAST YEAR (i.e. Att      |                       | ed with Fund- raisers | , volunteered at dan | nces, membership, etc. DO NO |
| REFERENCES:      | 1. NAME                               |                          |                       |                       |                      |                              |
|                  | POSITION                              |                          | PHONE                 |                       |                      |                              |
|                  | 2. NAME                               |                          |                       |                       |                      |                              |
|                  | POSITION                              |                          | PHONE                 |                       |                      |                              |
|                  |                                       |                          |                       |                       |                      |                              |