

EMPLOYMENT APPLICATION

Kevin Ollie Basketball Camp

Name: _____ SSN: _____

Street _____

City _____ State _____ Zip Code _____

Cell phone _____ Email _____

Date of Birth ____/____/____ Sex: Male Female

What is your highest education level? high school college graduate school

I am interested in working (check both if applies) Session#1 June 25-28 _____

Session #2 June 30 – July 3 _____

Have you ever been convicted of a felony? YES NO - If yes, explain _____

Please list qualifications or special skills that should be considered: _____

Please list prior camp counselor/coaching experience _____

References:

Name	Email Address	Phone	Relationship
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am to abide by all the rules and regulations of the Kevin Ollie Basketball Camp.

Signature _____

Date _____

Email to: kevinolliebasketballcamp@gmail.com

Or Mail to: Kevin Ollie Basketball Camp, P.O. Box 1177, Avon, CT 06001