

Cromwell Recreation Department

Summer Camp Application

Position Applying for: _____

Please Print Name: _____ Phone Number: _____

Address: _____

Email: _____ Are you at least 16 years of Age _____

Age Preference to work with _____

Education: _____

_____	_____	_____
(High School)	(Address)	(Grade Level)

_____	_____	_____
(College)	(Address)	(Years Completed/ Degree)

Certifications:

Clubs or Program involvement (in or out of school);

Club Name	Position Held	Grade in Club	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____

Employment History: Two Most Recent

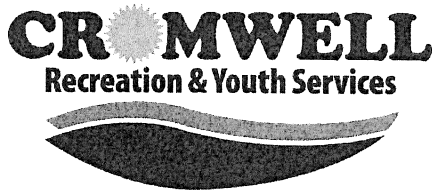
Name and Address	Dates	Position Held	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

References: (Not Related to You)

Name:	Address:	Phone:	Business:
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Return the completed application to the Cromwell Recreation Department, 41 West Street, Cromwell, CT 06416.

***Please Return with Authorization for Release of Information and Waiver Agreement Form**



Cromwell Recreation, CT National Background Screening Consent Form

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name:

_____ Date: _____

Signature: _____