

Queens College Summer Camp
EMPLOYMENT APPLICATION
TEACHERS/ADMINISTRATION
718-997-2777
718-997-2768 Fax

Please attach resume before submitting

PLEASE PRINT CLEARLY

Name: _____ Sex _____ Age _____ Date of Birth _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____ E-Mail Address _____

Have you previously been employed by the QC Summer Program? Yes _____ No _____ if yes, what year(s) _____
Position Held: _____

Education

Undergraduate College _____ Degree/Major: _____ Date of Graduation _____

Graduate College _____ Degree/Major: _____ Date of Graduation _____

List any certifications you hold:(i.e. CPR/First Aid etc.) _____

Would you be willing to attend an RTE/CPR for the Professional Rescuer Course, here at the College free of charge before camp?
Yes _____ No _____.

Teaching or Supervisory Experience

Where, When and a briefly describe responsibilities:

Duties _____

General area you are interested in teaching:

SPORTS / ACADEMIC / COMPUTERS / THEATER

Specific expertise: _____

