

Return completed form to: info@katydidkids.com	<h1 style="margin: 0;">Katydid, Inc.</h1> <h2 style="margin: 0;">APPLICATION FOR EMPLOYMENT</h2>	Katydid, Inc. Personnel Director P.O. Box 710516 Oak Hill, VA 20171-0516
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PLEASE COMPLETE ALL PAGES DATE _____

Name _____

Last
First
Middle

 Permanent address _____

Number
Street
City
State
Zip

 College address _____

If applicable
Number
Street
City
State
Zip

 Cell #: _____ Home #: _____
 Email: _____ Use College Information Until: _____

Camp Position applying for (minimum age requirement): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Counselor (18) <input type="checkbox"/> Site Director (21) <input type="checkbox"/> Internship (21) </div> School Year Positions: <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Preschool Teacher-- Experienced </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Assistant Preschool Teacher (18) </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Tiny Tot Instructor <input type="checkbox"/> Other: </div>	Availability: You will be expected to work full weeks, Monday thru Friday. I Can Work: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> FULL DAY (8:30am- 4:30pm) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> HALF-DAY (8:00am-1.00pm) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> I AM WILLING TO WORK FULL OR HALF DAYS </div> First Available start date: _____
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SEASON: ☐ FCPS WINTER BREAK CAMP
 ☐ FCPS SPRING BREAK CAMP
 ☐ FCPS TEACHER WORK DAY CAMPS
☐ SUMMER CAMP
 ☐ SCHOOL YEAR
 ☐ SUMMER INTERNSHIP

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State or country if not USA)	# OF YEARS FINISHED	(Expected) Year of Graduation & Degree
High School				
College				
Major				
Other				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

 If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation on separate paper and check here: ☐ See Attached

ALL APPLICANTS OFFERED EMPLOYMENT WILL BE SUBJECTED TO BACKGROUND CHECKS BY VIRGINIA STATE POLICE AND CHILD PROTECTIVE SERVICES AND FINGERPRINTING
 Social Security No. _____

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No Driver's License #: _____

 What is your means of transportation to/from work? _____
PLEASE NOTE THAT KATYDID CAMPS ARE NOT CONVENIENT TO PUBLIC TRANSPORTATION

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	<h1 style="margin: 0;">Katydid, Inc.</h1> APPLICATION FOR EMPLOYMENT	Print Name Below:
REFERENCES: Please list two adults (over 21) that are <u>NOT</u> relatives <u>OR</u> previous employers.		
IMPORTANT: You MUST list 2 and you MUST include E-MAIL ADDRESSES, THANK YOU!		
Name: _____ How do you know this person? _____	Name: _____ How do you know this person? _____	
Telephone: _____ EMAIL: _____	Telephone: _____ EMAIL: _____	

Work Experience	Please list your work experience beginning with your most recent job held. Include all relevant volunteer work. Please indicate if we may we call for a reference.
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Business Name: _____ Address: _____ Phone number _____ Email _____	Name of last supervisor: _____ Call Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No Employment Dates: From: _____ To: _____ Your last job title: _____
Reason for leaving (be specific): _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

Business Name: _____ Address: _____ Phone number _____ Email _____	Name of last supervisor: _____ Call Employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No Employment Dates: From: _____ To: _____ Your last job title: _____
Reason for leaving (be specific): _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

<p>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</p>	<p>Katydid, Inc. APPLICATION FOR EMPLOYMENT</p>	<p>Print Name Below:</p>
<p>An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.</p>		
<p>What Contributions Do You Think You Can Make To The Katydid Program? What Special Skills, Knowledge, Talents Do You Plan To Share?</p>		
<p>May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>How did you learn about us?</p> <p><input type="checkbox"/> School _____</p> <p><input type="checkbox"/> Ad - Where? _____</p> <p><input type="checkbox"/> Friend-Name: _____</p> <p><input type="checkbox"/> Other: _____</p>	
<p>Did you complete this application yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, who did?</p>		

PLEASE READ CAREFULLY

KATYDID, INC. APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Katydid, Inc, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Katydid practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Katydid, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner of the Company. Both the undersigned and Katydid, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Katydid, Inc. may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Katydid, Inc. permission to contact schools, previous employers (unless otherwise indicated), references, and others. This includes permission for online criminal history records, fingerprinting and other information necessary for licensed childcare. I hereby release Katydid from any liability as a result of such contract.

Signature of applicant:

Date:

Katydid, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in Katydid, Inc.

Return Completed application to:

info@katydidkids.com

OR Mail to:

Katydid, Inc.

P.O. Box 710516

Oak Hill, VA 20171-0516