

Henderson After Care Program Application for Counselor Position

Last Name First Name Middle Initial

Social Security Number: _____

Are you an American Citizen? _____ Yes _____ No **If No, Visa/Greencard #:** _____

Country: _____

After School hours are Monday – Friday, 2:00-6:00pm. List the hours you are available below:

Mon_____ Tues_____ Wed_____ Thurs_____ Fri_____

There are six Fridays throughout the year when After School starts at 12:00. Please circle the dates below, if any, you would be available at noon.

9/18 10/16 11/20 1/29 2/26 4/23 5/21

Are you a student? _____ Yes _____ No Do you have a job at FAU? _____ Yes _____ No

If yes, where? _____

If yes, where? _____

What is your major? _____

How many hours per week? _____

Term Address:

Summer Address:

Street Address

Street Address

City State Zip

City State Zip

Home Telephone: _____

Home Telephone: _____

Cell Phone: _____

Other Phone: _____

Email address: _____

Emergency Contact's Name: _____ Relationship to you: _____

Emergency Contact's Number: (home) _____ (work) _____

Previous experience with children, including any experience in an educational setting (list most recent first):

1. _____
2. _____
3. _____
4. _____
5. _____

Previous work experience (most recent first):

| <u>Employer</u> | <u>Nature of Work</u> | <u>From (mm/yy)</u> | <u>To (mm/yy)</u> |
|-----------------|-----------------------|---------------------|-------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

References (give name, address, and telephone number)

Business: _____

Personal: _____

Office Use Only

Hours Working: M _____ T _____ W _____ R _____ F _____

Starting Salary: \$ _____

Start Date: ____ / ____ / ____