

**CAMP PONACKA**  
1735 Fifth Line, Selwyn, ON K9J 6X5  
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Tel: 705 748-9470

**2019 STAFF APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Tel: \_\_\_\_\_

Home Address \_\_\_\_\_ City & Postal Code \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_ Average last year \_\_\_\_\_% This year \_\_\_\_\_%

Name of School/University and course \_\_\_\_\_ Grade/Year \_\_\_\_\_

Your Address at Post-Secondary \_\_\_\_\_ Postal Code \_\_\_\_\_

What Position are you applying for? (in order of preference)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Salary Expected \$ \_\_\_\_\_ Months available from \_\_\_\_\_ to \_\_\_\_\_

List previous camps attended: (If on staff please state position)

Camp \_\_\_\_\_ Year(s) \_\_\_\_\_

Camp \_\_\_\_\_ Year(s) \_\_\_\_\_

List experiences helpful to you in your job at camp. List your hobbies and extracurricular activities:

\_\_\_\_\_  
\_\_\_\_\_

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Highest swimming award achieved \_\_\_\_\_ when? \_\_\_\_\_

What type of Drivers License do you have? \_\_\_\_\_ Expiry Date of First Aid Certification: \_\_\_\_\_

List any medical/dietary restrictions we should know about:

\_\_\_\_\_

How did you learn about Camp Ponacka? \_\_\_\_\_

Do you Smoke? \_\_\_\_\_ Please enclose a photo of yourself. \_\_\_\_\_

Please list names of people you know who are connected with Ponacka (if any):

\_\_\_\_\_

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Outline your reasons for wishing to work at Ponacka and any other information we should know:

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**EMPLOYMENT HISTORY:**

Current Employer: \_\_\_\_\_ Address \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Outline your position & duties \_\_\_\_\_

Please list below previous employers (if any) and include telephone, dates of employment, type of work.

2017 \_\_\_\_\_

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2016 \_\_\_\_\_

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Other \_\_\_\_\_

List **THREE REFERENCES** (No relatives or friends: state whether a teacher, employer, etc.)

1. **Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Email: \_\_\_\_\_ Home Tel \_\_\_\_\_

Business Tel \_\_\_\_\_ Relationship to you \_\_\_\_\_

2. **Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Email: \_\_\_\_\_ Home Tel \_\_\_\_\_

Business Tel \_\_\_\_\_ Relationship to you: \_\_\_\_\_

3. **Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Email: \_\_\_\_\_ Home Tel \_\_\_\_\_

Business Tel \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_