



**THE UNIVERSITY of TEXAS**  
**HEALTH SCIENCE CENTER AT HOUSTON**

**SUMMER CAMP COUNSELOR APPLICATION (Contract Employment)**

Personal Information		Application for		Date:	
Last Name	First Name	Middle Int.	List all other names used for employment		
Address:			City	State	Zip
Primary Phone	Work Phone	Cell Phone	Email Address		
Have you ever been employed with UTHSC?			Are you legally authorized to work in the United States of America?		
If so when?					
Have you ever been convicted of a crime?			Drivers License Number & State:		
If so when?					
Have you ever been convicted of a felony?					
If so when?		What date can you start?		Minimum Acceptable hourly rate:	

**High School**

Name of High School:	City	State	Did you graduate?
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**College**

Name of School:	City	State	Did you graduate?
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**References:**

Name	Telephone Number	Relationship? Professional or Personal

**Work Experience**

<b>Employer name:</b>	Phone:	Dates Employed From: To:	Starting Salary	Ending Salary
Job Title:	Type of Employment		Specify hours per week	
Duties:				
Supervisor Name:	Supervisor Title:		May we contact this employer?	
Reason for leaving:				
<b>Employer name:</b>	Phone:	Dates Employed From: To:	Starting Salary	Ending Salary
Job Title:	Type of Employment		Specify hours per week	
Duties:				
Supervisor Name:	Supervisor Title:		May we contact this employer?	
Reason for leaving:				
<b>Employer name:</b>	Phone:	Dates Employed From: To:	Starting Salary	Ending Salary
Job Title:	Type of Employment		Specify hours per week	
Duties:				
Supervisor Name:	Supervisor Title:		May we contact this employer?	
Reason for leaving:				

**Other Information**

List any certificates attained relevant to the position(s) for which you will be applying (CPR, First Aid, Life Guarding):

List any previous camp experience below:

**Supplemental Questions**

This position requires candidate to be a minimum age of 16. Do you meet this requirement?

How did you find out about this vacancy?

If you were referred by a UTHSC-H employee, please provide their name.

**Agreement**

I certify the statements made by me in this application and all accompanying attachments are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statement made herein will void this application and any actions based upon it. In consideration of my interest in contract agreement with The University of Texas Health Science Center at Houston (UTHSC-H), I authorize that institution to make inquiries regarding any information on this application (to include but not limited to a criminal background check) and all accompanying attachment and I consent to allow any agency or individual to provide this information as requested. A reproduction of this request may be accepted as an original. I understand that this application and all accompanying are property of UTHSC-H. I understand that any offer is contingent upon my completing the Immigration and Nationalization Service Employment Eligibility Verification (Form I-9) and providing documents to verify my identity and employment eligibility as required by law.

By SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Name

Applicant's Signature

Date