

Project Scientist 2019 Academy Job Application

Applicant Information

First and Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email Address: _____

Will you be CPR certified summer 2019? Yes No

Are you a US Citizen? Yes No

Availability

Are you available to work all weeks of camp? Yes No

If not, which weeks are you UNABLE to work? _____

School

Name of University or College Attending/Attended: _____

Expected or Graduation Date: _____

Major/Minor: _____

Professional information

Most Recent Employer: _____

Job Title: _____

Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Supervisor's Name: _____

I _____ certify that this information is accurate to the best of my knowledge.

Signature

Date