

## APPLICATION FOR SUMMER CAMPS AND CONFERENCES EMPLOYMENT

### PERSONAL INFORMATION

First Name		Middle Name		Last Name	
<i>Permanent Address</i>					
Street		City		State	Zip
<i>Temporary Address (i.e., college address)</i>					
Street		City		State	Zip
Home Phone	Cell Phone	Alternate Phone	Email address		
Are there any restrictions under the immigration laws of the United States that would prevent you from working for Rider University?			If yes, please explain:		
Have you even been convicted of, or pled no contest or guilty to, a felony or a misdemeanor?			If yes, give date and nature of conviction and terms of sentencing.		
Do you have a valid driver's license?			If so, what state is it from?		
Position applying for:					
Why do you think you would be a good fit for this job?					

### EDUCATION *(please list your education starting with the most current)*

School Name		City	State	Country
Number of Years Completed	Diploma, Degree, License or Certification	Describe Course of Study		
School Name		City	State	Country
Number of Years Completed	Diploma, Degree, License or Certification	Describe Course of Study		

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### EMPLOYMENT

Employer	City	State	Country
Position Held	Begin Date	End Date	
Description of Duties			
Employer	City	State	Country
Position Held	Begin Date	End Date	
Description of Duties			
Employer	City	State	Country
Position Held	Begin Date	End Date	
Description of Duties			

### ADDITIONAL INFORMATION

Campus Activities
Honors and Awards
Additional skills, training, etc.

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### AGREEMENT

I understand that this application of subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

By my signature below, I assert that all information given in this application is true. I understand that false information (misrepresentation or omission of information) may be the basis for disqualification or termination of employment. I authorize investigation of all statements contained herein. I also authorize the employers to give you any and all information concerning my previous employment and any pertinent information they may have and hereby release all parties from any liability for any damages that may result from furnishing such information.

By indicating my name below, I certify that I have read and agree with these statements.

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Applicant's Name

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Date

**Please submit application to [conferences@rider.edu](mailto:conferences@rider.edu).  
Summer job applications submitted prior to March 1, 2020 will receive full consideration.**