

**The Epilepsy Association of Western and Central PA is an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including sex, age, race, color, religious creed, citizenship, marital status, national origin, ancestry, military status, or disability.**

**PERSONAL**

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Name: \_\_\_\_\_  
                                First                                Middle                                Last

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
  Street Address  
\_\_\_\_\_  
                                City                                State                                Zip

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E-mail Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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Are you either a citizen of the United States or a legal alien who has the right to remain permanently and work in the United States? (You will be required to produce proof of your right to work following a conditional offer of employment.)       Yes       No

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Have you ever been employed by the EAWCP?       Yes       No

If yes, please state when and by what name (if different from above): \_\_\_\_\_

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Do you have any friends or relatives employed by the EAWCP?       Yes       No

If yes, please give employee's name(s): \_\_\_\_\_

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Do you hold a valid driver's license?       Yes       No

Do you hold a CDL license? If yes, what class?       Yes       No

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To be considered qualified under the Americans With Disabilities Act, an applicant must be able to perform the essential functions of a job with or without a reasonable accommodation. Please review the application and attached job description and answer the following question: Can you perform the essential functions of the position for which you have applied, with or without an accommodation?       Yes       No

If you answered 'No', please identify what job functions you cannot perform with or without an accommodation Please state any additional information you believe would be helpful to us in considering your application. Do not list any information that would indicate your age, race, color, sex, religion, marital status, military status, national origin, citizenship, or disability.

**EDUCATION**

Name and Address of School	Years Attended	Did you graduate?	Degree
High School			
College			
Other			

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**WORK EXPERIENCE** (include prior camp experience and work with children)

Employer	Address and Phone	Position	Dates Worked

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1. Check if you are available to work at Camp Frog Sunday, July 2023-Friday, July 28, 2023 -
  2. Do you hold any Red Cross First Aid or CPR training certificates?       Yes       No  
If yes, please list all of the certificates you have at the end of this form and list the expiration dates for each.
  3. Do you hold a current life-saving or water safety certificate?       Yes       No  
If yes, please list all of the certificates you have at the end of this form and list the expiration dates for each.

4. Do you have the following clearances:

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| PA Criminal Record Check         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PA Child Abuse History           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| FBI Fingerprint Background Check | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If yes, enclose a copy of each.**

**If no, you will be given instructions on how to apply for new clearances if you are being considered for a counselor position.**

5. Have you ever worked with children with special needs or other chronic health disorders?  Yes  No

If yes, in what capacity? \_\_\_\_\_

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6. Have you had any personal experience with epilepsy or seizures?  Yes  No

If yes, in what capacity? \_\_\_\_\_

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7. The age groups at Camp Frog include the following. Please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices:

**8 to 10 year olds** \_\_\_\_\_

**11 to 12 year olds** \_\_\_\_\_

**13 to 17 year olds** \_\_\_\_\_

8. Why do you want to be a counselor with Camp Frog?

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9. Please write a brief description of any specialized training or experience in camping or in any other fields that might help you in the position of a Camp Frog counselor. Feel free to submit additional sheets if necessary.

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It is understood and that, in making application for employment, an investigation may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

I agree to conform to the rules and regulations of the Epilepsy Association of Western and Central PA. My employment may be terminated at any time, at the option of either the Epilepsy Association of Western and Central PA or myself. I understand that no representative has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.

I certify that the answers given by me to all of the questions on this application and any attachments are to the best of my knowledge and belief true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal of or separation from employment upon discovery thereof.

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Applicant's Signature

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Date

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Please return this form to:           Epilepsy Association of Western and Central PA  
1501 Reedsdale Street, Suite 3002  
Pittsburgh, PA 15233  
Attn: Brooke Mohr, Children and Family Services Coordinator  
  
Fax: 412-322-7885

For any questions or concerns, contact Brooke Mohr at 412-322-5880 | 1-800-361-5885 | [bmohr@eawcp.org](mailto:bmohr@eawcp.org)