

CSSM
Support Staff Application

CAMP _____

DATES OF EMPLOYMENT _____

NAME _____

S.I.N. # _____

POSITION _____

PERMANENT ADDRESS _____

PHONE # _____

MEDICARE NO. / BENEFITS # _____

NEXT OF KIN (NOK) _____ PH # _____

I have been advised of the responsibilities of my position and understand that I am answerable to the director of the camp. I have also been advised of the amount of remuneration which is due me. I agree to work in harmony with those around me and to abide by the rules and regulations of the camp.

References:

- | | | | |
|----|-------|-----|-------|
| 1. | _____ | Ph. | _____ |
| 2. | _____ | Ph. | _____ |
| 3. | _____ | Ph. | _____ |

Signature _____