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## **EDUCATION**

### **Schools Attended, Internships and/or Training Courses**

Please note institution's name and address, attendance date(s), course of study, and degree(s) or certificate(s) earned, or courses attended relevant to employment at SOCAPA.

### **RELEVANT SKILLS, and/or LEADERSHIP POSITIONS, MEMBERSHIPS, AFFILIATIONS, OR RECENT CONFERENCES ATTENDED**



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## EMPLOYMENT EXPERIENCE

Please note your *relevant* work experience.

Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_

Your title: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's E-mail: \_\_\_\_\_

Hours worked/week or days worked/season: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_  
\_\_\_\_\_

Your title: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's E-mail: \_\_\_\_\_

Hours worked/week or days worked/season: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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Employer's name and address: \_\_\_\_\_

\_\_\_\_\_

Your title: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's E-mail: \_\_\_\_\_

Hours worked/week or days worked/season: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

\_\_\_\_\_

Your title: \_\_\_\_\_ Dates worked: \_\_\_\_\_ to \_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor's E-mail: \_\_\_\_\_

Hours worked/week or days worked/season: \_\_\_\_\_

Primary Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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**ACTIVITIES**

For each activity, please indicate if you have 1 interest, 2 solid understanding of, or 3 teaching/leadership experience in:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Directing       | <input type="checkbox"/> Screenwriting         | <input type="checkbox"/> Editing experience with Premiere |
| <input type="checkbox"/> Digital Effects | <input type="checkbox"/> Digital Video Cameras | <input type="checkbox"/> Cinematography                   |
| <input type="checkbox"/> Acting          | <input type="checkbox"/> Directing Actors      | <input type="checkbox"/> Sound Recording/Design           |
| <input type="checkbox"/> Animation       | <input type="checkbox"/> Producing             | <input type="checkbox"/> Photography                      |
| <input type="checkbox"/> Lightroom       | <input type="checkbox"/> Photoshop             | <input type="checkbox"/> Dance – Ballet                   |
| <input type="checkbox"/> Dance – Modern  | <input type="checkbox"/> Dance – Hip Hop       | <input type="checkbox"/> Choreography                     |

**ATTACHMENTS and REFERENCES**

Please attach resume, and cover letter, and references with your application. Feel free to include any additional attachments that support your application to SOCAPA. Please also list three people unrelated to you who can judge your qualifications for employment at SOCAPA, INC; include title, the name of the organization for which they work, the organization’s address, email, and telephone number.

**ACKNOWLEDGMENT**

1. I affirm the information contained in this application is true and complete. I understand if it is not, I maybe eliminated from consideration for a position at SOCAPA, INC. If, after being hired, falsehoods or omissions are discovered in my application, I understand my employment may be terminated.

2. I understand all statements in my application may be investigated. I authorize SOCAPA, INC to contact (with the exception of the following people: \_\_\_\_\_

\_\_\_\_\_)

anyone who might be able to speak about my ability to perform my job at SOCAPA, INC.



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3. I authorize SOCAPA, INC to contact any person, school, or employer, except as specifically excluded above, for relevant information and opinions that may be useful in making a hiring decision, and I release such persons and organizations from legal liability in making such statements.
  
4. I understand if I am hired to work in any capacity for SOCAPA Summer Camps, SOCAPA, INC will do a criminal background check on me.
  
5. I understand if offered a position with SOCAPA, INC, I may be asked to submit, at my expense, a copy of my police record from the state of my most recent residence of more than one year.
  
6. I understand if offered a position that entails driving duties, SOCAPA, INC and the camp's insurance company may process a Motor Vehicle Report on me.
  
6. I understand if offered a position, I must have had a physical examination within one year of my start date at SOCAPA, INC; I will submit a copy of this report to SOCAPA, INC signed by my physician within the twelve months prior to my start date at SOCAPA, INC.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN TO:**  
**SOCAPA; 228 Park Ave S #92832 New York, NY 10003-1502**  
**FAX: 646-536-8725    Scan/Email: [info@socapa.org](mailto:info@socapa.org)**