

Camp Staff Application

Name: _____ Date ____/____/____
Last First Middle

Address: _____
Street Apt. #

City State Zip Code

Phone ____ (____) ____ (____) ____ (____)
Home Work Cell

E-Mail Address: _____

Social Security # _____ Sex: Male ____ Female ____

Have you ever been convicted of a felony or misdemeanor? ____ Yes ____ No

If Yes, Please Explain: _____

Position Applying for: (Please check one)

____ Physician ____ Nurse Practitioner ____ Registered Nurse ____ Jr. Counselor

____ Respiratory Therapist ____ Counselor

How did you hear about camp? _____

Have you worked at camp before? ____ Yes ____ No If yes, for how many years? _____

Do you have experience with Asthma? ____ Yes ____ No If yes, explain: _____

Do you have experience working with kids? ____ Yes ____ No If yes, explain: _____

Why would you like to work at camp? _____

If applicable, does your liability insurance cover you while working at camp? ____ Yes ____ No

Professional Information

Type of License or Registration

Registration or License #

Expiration Date

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Please attach copies of any relevant license, registration or certification

Education History

	Name & Location of School	Major Course of Study	Diploma/Degree
High School			
College/University			
Graduate/Professional			

Current Employment

Company & Address	Position	From	To	Supervisor	May We Contact	Phone #	Reason for Leaving

References (Adults)

Please provide three references (relatives excluded)

Name	Address	Phone Number

I certify that the information in this application is true and complete and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge. I understand and agree that any offer is contingent on successful completion of a background check and satisfactory references.

I hereby authorize _____ to investigate all statements contained in this application, including references.

Signature

Date

Required Information for Background Check
Please Print Clearly

Name _____
Last First Middle

Alias/Maiden Name _____

Date of Birth ____/____/____ Sex: M ____ F ____ Social Security Number _____ - _____ - _____

Drivers License Number _____

Current Address _____
Street Apt. #

City State Zip Code

Previous Address _____
Street Apt #

City State Zip Code

____ First Time Applicant

____ Repeat Applicant

Background Check Findings
For Office Use Only

Position Applied For: _____

Date Background Check Complete ____/____/____

Agencies Contacted:

Method of Background Check:

____ Internet

____ Mail / Fax

____ In-Person

____ Contracted Out - Agency Name _____

Staff Person Initiating Check _____
Please Print

Signature _____ Date ____/____/____

**Authorization for Release of Information
And Background Check**

I understand that in processing my application, an investigation may be made in which information is obtained through personal interviews and a review of information held by law enforcement or other governing agencies. I authorize you to verify my past employment, education records, criminal records, motor vehicle records, personal references and other job related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information and I release them from any liability as a result of such inquiries or disclosures. I have the right under the "Fair Credit Reporting Act" to make a written request within a reasonable period to receive detailed information about the nature of this investigation.

I understand that any offer for a staff or volunteer position is contingent upon the results of my investigative report. I also understand that false or misleading statements in this application or concealment of requested facts may be considered cause for dismissal.

In order for this investigative report to be completed, I must provide the information requested on the reverse side of this form. I understand that my failure to completely and accurately complete this form, or my misrepresentation or omission of any facts called for therein, may result in termination of employment or the withdrawal of any job offer.

I understand that a conviction does not automatically mean that I will not be offered a position. The nature of the conviction, the circumstances surrounding the conviction and how long ago the conviction occurred are all factors that will be evaluated. I further understand this information will be used only for the limited purpose of preparing the investigative report.

Name (please print)

Last

First

Middle

Signature _____ Date

**Reference Form
Counselor and Junior Counselor**

Applicant's Name _____ Date _____

Position Applying for at Camp _____

Name of Reference _____ Phone # _____

How long have you known the applicant? _____ In what capacity? _____

Company (if applicable) _____

Date of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position _____

Current Employee? ____ Yes ____ No - If no, is he/she eligible for rehire? ____ Yes ____ No

Do you find this individual to: (Circle One)

- | | | |
|---------------------------------------|-----|----|
| 1. Be reliable? | Yes | No |
| 2. Work Well with Children? | Yes | No |
| 3. Communicate well with others? | Yes | No |
| 4. Be a self-starter? | Yes | No |
| 5. Be responsible? | Yes | No |
| 6. Be a team player? | Yes | No |
| 7. Work well with diversity? | Yes | No |
| 8. Work well under stress? | Yes | No |
| 9. Have an overall positive attitude? | Yes | No |

Please explain any "No's" from above _____

Any other information you would like to share regarding the applicant: _____

Signature of person filling out reference

Signature of staff person (if done by phone)

FOR OFFICE USE ONLY:

Information cross-checked with application _____ Yes _____ No

Reference results _____ Positive _____ Negative

Action Items/Notes: _____