

Application for Position - - - Please read CAREFULLY before proceeding and then fill out completely, including names, complete addresses and phone numbers of references. Applications are not required to give any information on this form that is prohibited by Federal, State or Local Law.



Applicants are considered for all positions without regard to Race, Color, Religion, Sex, National Origin or the presence of a health problem or handicap that is not unrelated to the person's ability to perform the job assigned.

Applicants accepted for employment are hired on a temporary basis and employment is based upon the continued satisfaction and needs of the facility, and may be terminated on written notice by the Director. Any decision in this regard will be final.

PLEASE PRINT CLEARLY

Last Name: _____ First (Full) Name: _____
 Social Security #: _____ — _____ — _____ Home Telephone: (____) _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address (if different): _____ City: _____ State: _____ Zip: _____
 (Optional) Home E-mail _____ School E-mail _____ Work E-mail _____
 Age as of JULY 1, 2010 _____ Date of Birth: M ____ D ____ Y ____ Telephone: (____) _____
 If you are a student - School: _____
 Major subjects of study: _____
 If you are now or have been employed - when, where, occupation: _____

Have you ever been convicted of a felony? (You may answer "NO" if your conviction has been ordered sealed, expunged or eradicated.)
 _____ Yes _____ No. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered, including what you were convicted of and how long ago. Please provide complete information about the conviction by attaching a separate statement.

Are you permitted to become lawfully employed in this country? _____ Yes _____ No. (Proof of citizenship or immigration status will be required upon employment.)

Do you have any physical disabilities which might interfere with performance of the job which you are applying? _____ Yes _____ No.
 If so, please explain: _____



FOR OFFICE USE ONLY

Camp Position: _____ **Salary:** \$ _____
Employment: Starting Date: _____ Finishing Date: _____
CIT: _____ **Employment:** Starting Date: _____ Finishing Date: _____
Date Contract Sent: _____ **Date Contract Returned:** _____ **Manual:** _____
References: 1. _____ 2. _____ 3. _____
Working Papers Received: _____ **Medical Form Received:** _____ Y _____ N
Driver's License: _____ **Employment Documents Received:** I-9 _____ W-4 _____
Certifications: CPR: _____ FR: _____ SLG: _____ NCS: _____ NRA: _____ BLS: _____ EMT: _____ WSI: _____

Are you involved in any community activities? If so, what? _____

Highest level of school attended: _____ Did you graduate? _____ When? _____

Scouting background: Rank: _____ Present office held: _____

Unit affiliation: _____ Town: _____ Are you an Order of the Arrow member? _____

Ordeal _____ Brotherhood _____ Vigil _____ Unit Training / Honors / Awards: _____

Other related experience: _____



PREVIOUS EXPERIENCE AS A CAMPER

When: _____ Where: _____ Type of Camp: _____

When: _____ Where: _____ Type of Camp: _____

When: _____ Where: _____ Type of Camp: _____



AS A STAFF MEMBER

When: _____ Where: _____ Type of Camp: _____

Position held: _____

When: _____ Where: _____ Type of Camp: _____

Position held: _____

When: _____ Where: _____ Type of Camp: _____

Position held: _____



CERTIFICATIONS

(Please check those that apply)

NRA Instructor: _____ / Expiration Date: _____ NCS: _____ / Expiration Date: _____

American Red Cross Water Safety Instructor: _____ / Expiration Date: _____

Scout Lifeguard: _____ / Expiration Date: _____

ARC Senior or Advance Lifesaving or Equal: _____ / Expiration Date: _____ CPR: _____ / Expiration Date: _____

EMT: _____ / Expiration Date: _____ CAR/ BLS: _____ / Expiration Date: _____

Standard First Aid: _____ / Expiration Date: _____

Medical License #: _____ State: _____ Expiration Date: _____

Other: _____

