

Golden Slipper Camp

Staff Application for 2012 Season

PLEASE PRINT CLEARLY IN BLACK INK



Position Applying For _____ Expected Salary _____ Date of Application _____

Personal Information

_____ Last Name First Name M.I. Social Security #

Age (as of June 1) _____ Date of Birth _____ Place of Birth (City/State/Country) _____

Dates Available: From _____ to _____

Permanent Address _____ Tel. (_____) _____

Street #

City

State / Province

Zip / Postal Code

School Address _____ Tel. (_____) _____

Street #

City

State / Province

Zip / Postal Code

School address valid until? _____ Address as of June 1st? Permanent School T-Shirt Size? S M L XL XXL

E-mail Address _____ Business / Day Phone (_____) _____

Marital Status: Married Single Divorced Widowed Engaged Spouse's Name _____

Require family with you? Yes No Children: Sex ___ Age ___ Sex ___ Age ___ Sex ___ Age ___ Sex ___ Age ___

Specify Physical limitation(s): _____

Is your acceptance of a job offer contingent on any other person being with you? Yes No If yes, who? _____

Passport # _____ Country _____ Date of Issue _____ Expiration Date _____

Driver's License # _____ State / Province _____ Expiration Date _____

Medication				
Name of Medication	Date Started	Reason for Taking	Amount or Dose Given	How it is Given

Certifications			
Certification	Issued By (ex. ARC, AHA, CRC)	Expiration Date	Type
Lifesaving/Bronze Shield			
WSI			
First Aid			
CPR			
Small Crafts			
Ropes Course/Outdoor			
Tennis			
Archery			
Riflery			
Other			

General Employment Experience

Employer _____ Tel. (_____)
 Full Address _____ Fax (_____)
 Position _____ Dates _____ Salary _____ Supervisor _____
 Responsibilities _____

Employer _____ Tel. (_____)
 Full Address _____ Fax (_____)
 Position _____ Dates _____ Salary _____ Supervisor _____
 Responsibilities _____

Employer _____ Tel. (_____)
 Full Address _____ Fax (_____)
 Position _____ Dates _____ Salary _____ Supervisor _____
 Responsibilities _____

Indicate any employer you DO NOT wish us to contact, and the reason _____

References

List three people (other than relatives or personal friends) who know you well, and who have knowledge of your character, experience, work habits and abilities. One reference should be someone who has worked with or supervised you in the past. Please give complete names and addresses.

Name _____ Tel. (_____)
 Full Address _____
Street City State Zip

Name _____ Tel. (_____)
 Full Address _____
Street City State Zip

Name _____ Tel. (_____)
 Full Address _____
Street City State Zip

Camp Experience

Camp _____ Tel. (_____)
 Full Address _____ Fax (_____)
 Position _____ Dates _____ Salary _____ Director _____
 Responsibilities _____

Camp _____ Tel. (_____)
 Full Address _____ Fax (_____)
 Position _____ Dates _____ Salary _____ Director _____
 Responsibilities _____

Education (High School and College)

Years	School	Major Subjects	Degree Earned

Skills, Interests & Abilities

Check items in which you have some skill. Double check those that you are proficient in and can teach or lead.

- | | | | | | |
|---|---|---|--|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> <input type="checkbox"/> Ceramics | <input type="checkbox"/> <input type="checkbox"/> Photography | <input type="checkbox"/> <input type="checkbox"/> Videography | <input type="checkbox"/> <input type="checkbox"/> Creative Writing | <input type="checkbox"/> <input type="checkbox"/> Radio |
| <input type="checkbox"/> <input type="checkbox"/> Ropes Course | <input type="checkbox"/> <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> <input type="checkbox"/> Nature | <input type="checkbox"/> <input type="checkbox"/> Campcraft | <input type="checkbox"/> <input type="checkbox"/> Office skills |
| <input type="checkbox"/> <input type="checkbox"/> Computer | <input type="checkbox"/> <input type="checkbox"/> Canoeing | <input type="checkbox"/> <input type="checkbox"/> Kayaking | <input type="checkbox"/> <input type="checkbox"/> Sailing | <input type="checkbox"/> <input type="checkbox"/> Boating | <input type="checkbox"/> <input type="checkbox"/> Windsurfing |
| <input type="checkbox"/> <input type="checkbox"/> Waterskiing | <input type="checkbox"/> <input type="checkbox"/> Hiking | <input type="checkbox"/> <input type="checkbox"/> Camping | <input type="checkbox"/> <input type="checkbox"/> Swimming | <input type="checkbox"/> <input type="checkbox"/> Aerobics | <input type="checkbox"/> <input type="checkbox"/> Archery |
| <input type="checkbox"/> <input type="checkbox"/> Riflery | <input type="checkbox"/> <input type="checkbox"/> Basketball | <input type="checkbox"/> <input type="checkbox"/> Baseball | <input type="checkbox"/> <input type="checkbox"/> Softball | <input type="checkbox"/> <input type="checkbox"/> Skateboarding | <input type="checkbox"/> <input type="checkbox"/> Soccer |
| <input type="checkbox"/> <input type="checkbox"/> In-line skating | <input type="checkbox"/> <input type="checkbox"/> Roller Hockey | <input type="checkbox"/> <input type="checkbox"/> Mtn. Biking | <input type="checkbox"/> <input type="checkbox"/> Tennis | <input type="checkbox"/> <input type="checkbox"/> Volleyball | <input type="checkbox"/> <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> <input type="checkbox"/> Drama | <input type="checkbox"/> <input type="checkbox"/> Theater (tech.) | <input type="checkbox"/> <input type="checkbox"/> Song Leading | <input type="checkbox"/> <input type="checkbox"/> Woodworking | <input type="checkbox"/> <input type="checkbox"/> Jewelry making | <input type="checkbox"/> <input type="checkbox"/> D.J. |
| <input type="checkbox"/> <input type="checkbox"/> Fishing | <input type="checkbox"/> <input type="checkbox"/> Football | <input type="checkbox"/> <input type="checkbox"/> Golf | <input type="checkbox"/> <input type="checkbox"/> Model making | <input type="checkbox"/> <input type="checkbox"/> Team building | <input type="checkbox"/> <input type="checkbox"/> _____ |
| <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> _____ |

What impact do you hope to have on a young person's camp experience? _____

What particular strength do you feel you have that you would bring to the position? _____

What do you hope to gain from the experience? _____

Harassment Golden Slipper Camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person, including, but not limited to, workplace harassment? (Note: a prior accusation is not an automatic bar to employment. The type of accusation and when it occurred will be evaluated by the camp before any decision is made.) Yes No

Please explain: _____

Criminal Record Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp before any decision is made.) Yes No

Please explain: _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee, unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the Camp Director. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in immediate dismissal, regardless of the date of discovery by the camp.

Signature _____ Date _____