

2007 **Camp Winfield** 2007

Application for Employment Summer Season

This application must be clear and legible. Please print all information using black ink. Camp Winfield is an Equal Opportunity Employer.

PERSONAL INFORMATION Please complete all personal information. Write N/A for any information that does not apply.

Last Name	First Name	Middle Initial	Date of Birth / /
Social Security Number - -		Drivers License Number (if applicable)	
Drivers License State			
Current Mailing Address		City	State Zip Code
Permanent Mailing Address		City	State Zip Code
Primary Phone Number () -		Alternate Phone Number () -	
Email Address	Emergency Contact Name	Phone Number () -	Relationship

EDUCATION INFORMATION Please complete all education information. Write N/A for any information that does not apply.

Please circle highest level of education you will have completed by the start of this summer season
Jr. High: 6 7 8 High School: 9 10 11 12 College: 1 2 3 4 5+

High School Name	Location	Special Area of Focus (if applicable)
College Name	Location	Degree/Major
Graduate School	Location	Degree/Major
Other Education		

ELIGIBILITY/HISTORY Please complete all eligibility/history information. For explanations, please use extra sheets if necessary.

Are you willing to work for an entire summer season at Camp Winfield?	Circle one Yes No	Explain if no
Are you eligible to work in the United States and able to provide documentation to verify employment eligibility?	Circle one Yes No	Explain if no
Are you 18 years of age or older?	Circle one Yes No	Note: This question is used to determine your eligibility for certain jobs. Your answer will not exclude you from employment.
Have you ever been convicted of an offense, other than a minor traffic violation?	Circle one Yes No	Explain if yes
Have you ever been convicted of an offense other than those listed above?	Circle one Yes No	Explain if yes

Have you ever been disciplined or discharged by an employer for theft?	Circle one Yes No	Explain if yes
Have you ever been disciplined or discharged by an employer for sexual harassment?	Circle one Yes No	Explain if yes
Have you ever been fired or asked to resign from a job for any reason?	Circle one Yes No	Explain if yes

EMPLOYMENT HISTORY Please list your last three employers, starting with your most recent or present employer.

Name of Present or Most Recent Employer		Type of Business	Date Employed / /	Date Left / /
Address		City	State	Zip Code
Job Title	Duties			
Supervisor's Name		Supervisor's Title	Supervisor's Phone Number () -	
Reason for Leaving				May we contact?
Employer Name		Type of Business	Date Employed / /	Date Left / /
Address		City	State	Zip Code
Job Title	Duties			
Supervisor's Name		Supervisor's Title	Supervisor's Phone Number () -	
Reason for Leaving				May we contact?
Employer Name		Type of Business	Date Employed / /	Date Left / /
Address		City	State	Zip Code
Job Title	Duties			
Supervisor's Name		Supervisor's Title	Supervisor's Phone Number () -	
Reason for Leaving				May we contact?

CERTIFICATIONS Please complete all certification information. Make notes where necessary for clarification. **Attach photocopies of all certifications.**

Certification CPR	Certifying Agency (i.e.-YMCA, Red Cross...)	Certification Date / /	Expiration Date (if any) / /	Notes
Certification First Aid	Certifying Agency (i.e.-YMCA, Red Cross...)	Certification Date / /	Expiration Date (if any) / /	Notes

Certification Lifeguard/WSI	Certifying Agency (i.e.-YMCA, Red Cross...)	Certification Date / /	Expiration Date (if any) / /	Notes
Certification Swim Instructor	Certifying Agency (i.e.-YMCA, Red Cross...)	Certification Date / /	Expiration Date (if any) / /	Notes
Certification Ropes Course	Certifying Agency (i.e.-YMCA, Red Cross...)	Certification Date / /	Expiration Date (if any) / /	Notes
Certification Child Abuse Prevention	Certifying Agency (i.e.-YMCA, Red Cross...)	Certification Date / /	Expiration Date (if any) / /	Notes
Other Certification	Certifying Agency (i.e.-YMCA, Red Cross...)	Certification Date / /	Expiration Date (if any) / /	Notes

PERSONAL REFERENCES Please list three persons not related to you who are familiar with your work ethic and character whom you have known at least one year.

Name	Phone Number () -		Number of years known
Address	City	State	Zip Code
Name	Phone Number () -		Number of years known
Address	City	State	Zip Code
Name	Phone Number () -		Number of years known
Address	City	State	Zip Code

GENERAL INFORMATION Please answer all questions thoroughly. Feel free to attach additional sheets if necessary.

Why do you want to work at Camp Winfield?
Please list your experience in working with children.
What special skills do you possess that will make you a good counselor?

Would you like to tell us anything else that we should know while considering your application?

STATEMENT Please sign below to signify that you have read and understand the following statement.

I hereby certify that the information contained on this application for employment is true and accurate. I understand that, if I am employed, any misrepresentation of relevant facts on this application or other materials submitted as part of my application packet is sufficient cause for dismissal.

I authorize Camp Winfield and/or any other related organizations to contact any of my schools, references listed above, or former employers, except those I have indicated not to, for a complete account of their experience with me. I hereby release all parties from liability for any damages that may result from furnishing said information to Camp Winfield or other related organizations.

I understand and agree that, if hired, my employment is not for a definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at anytime without prior notice and without cause.

I understand that I may be required to successfully complete a pre-employment drug screen, random drug or alcohol screens during the employment period, a criminal background check, a pre-employment physical, and/or any other assessments as required by the organization.

Camp Winfield Mission Statement:

To strengthen the spirits, minds, and bodies of our youth through outdoor programs in a Christian community-based environment.

YMCA Mission Statement:

To put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

I have read and agree to adhere to the Camp Winfield Mission Statement and the YMCA Mission Statement at all times during my employment and to abide by all other policies and procedures of Camp Winfield including, but not limited to, withholding from the use of alcohol, illegal drugs, or tobacco products during the entire term of my employment

Signature of Applicant	Date
Signature of Parent/Guardian (if under age 18)	Date

Completed application packet is due ASAP.

OFFICE USE ONLY Please do not write in this area.

Date Application Received / /	Receiver's Initials	Position (circle one) JLN JLR SRL CBC SUP	Pay Rate (if hired) \$ /week
Materials Checklist W-4 G-4 I-9 MinorCert CrimHist CPR FA DL BC PP SSC			Date Complete / /
Interviewer Notes		Interviewer's Initials	Date Interviewed / /
		JLN: New Jr. Leader JLR: Returning Jr. Leader SRL: Sr. Leader CBC: Cabin Counselor SUP: Supervisor	

Camp Winfield/Bell Family YMCA Criminal Background Check Consent/Report Form

Camp Winfield and the undersigned applicant for employment request that the Hart County Sheriff's Department conduct a complete and thorough criminal background check on the undersigned applicant. This request is a requirement set by the YMCA of the USA and is a prerequisite for employment with Camp Winfield or the Bell Family YMCA. The pertinent individual information is as follows:

Last Name	First Name	Middle Initial	Date of Birth / /
Social Security Number - -	Drivers License Number (if applicable)		Drivers License State
Permanent Address	City	State	Zip Code -

Consent:

I hereby authorize the Hart County Sheriff's Department, Camp Winfield, and the Bell Family YMCA to conduct a criminal background check and to receive any criminal history record information pertaining to me that may be in the files of any national, state, or local criminal justice agency.

Signature of Applicant	Date
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Applicant: Please do not write below this line.

Report:

The Hart County Sheriff's Department has completed a thorough background check on the above applicant and provides its findings as follows:

Place Check Mark where applicable.

	No record found <u>or</u> record found to contain no information.	
	Record found and shown or described on the page(s) attached.	# of Pages

Hart County Sheriff's Department Officer Signature	Print Officer's Name	Date
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Notary:

Notary Signature	Date
Print Notary Name	Date Commission Expires