

## APPLICATION FOR RETURNING STAFF

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position(s) applying for: \_\_\_\_\_  
School Year Address/City/State/Zip code: \_\_\_\_\_

School Year Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Home or non school year address and phone if different from your last application on file: \_\_\_\_\_

### Education, Training & Job History (Use the back side of this form if more space is needed)

Please tell us about any paid and volunteer work experience you have had since working at Camp Wright. List Company name address, phone number, name of supervisor & dates of employment:

Update your educational history since your last employment:

What other training or related experience you have that relate to the position(s) you are applying for this year. Attach a copy of any **new** certifications that apply to your position:

What was your biggest accomplishment this year?

What new ideas or energy will you bring to this summer's staff?

When are you available for employment?

Are there any other people you can recommend for a position at camp? We will send an info packet if you provide an address.

### References

List 1 character reference for the past year. List **2 references if it has been more than a year** since your last camp employment. Please include a full address (street address/city/state zip), phone number & how this person knows you.

1.

2.

If you have a driver's license, please provide State Issued \_\_\_\_\_ and License # \_\_\_\_\_

**Conviction Statement**

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR DO YOU HAVE FELONY CHARGES PENDING AGAINST YOU? **YES OR NO** \_\_\_\_\_ HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN MINOR TRAFFIC VIOLATIONS, OR ARE THERE CHARGES PENDING AGAINST YOU? **YES OR NO** \_\_\_\_\_ HAVE YOU EVER HAD A SUBSTANTIATED CHILD ABUSE, CHILD SEXUAL ABUSE OR CHILD NEGLECT CASE AGAINST YOU? **YES OR NO** \_\_\_\_\_ IS THERE A PETITION NAMING YOU IN JUVENILE, CIVIL OR CRIMINAL COURT CONCERNING CHILD ABUSE, CHILD SEXUAL ABUSE, OR CHILD NEGLECT? **YES OR NO** \_\_\_\_\_ IF YES TO ANY OF THE ABOVE, PLEASE ATTACH INFORMATION RELATING TO THE CONVICTION OR OFFENSE OR PENDING CHARGE.

Before you report to work Camp Wright will require a background check that may include criminal records and motor vehicle checks. In addition, American Camp Association Standards require employees complete a health history report and physical examination with a health care provider before camp begins.

Do you have any physical, mental, or emotional problems that could interfere with your ability to perform job functions? **Yes or No** \_\_\_\_\_ If yes, please explain and include any standards or practices that will help you uphold your duties while at camp.

**Applicant's Statement**

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT AND DISCHARGE. I UNDERSTAND THE IMPORTANCE OF FULFILLING MY OBLIGATIONS TO CAMP WRIGHT AS SET FORTH IN MY AGREEMENT OR CONTRACT AND THAT I WILL BE REQUIRED TO ABIDE BY ALL REGULATIONS SET FORTH BY MY EMPLOYER.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian if under 18: \_\_\_\_\_ Date: \_\_\_\_\_