

EMPLOYMENT APPLICATION

CAMP ALEXANDER MACK
P.O. Box 158, Milford, IN 46542



STATEMENT OF PRACTICE

In order to safeguard the well-being of participants served, Camp Mack will investigate the accuracy of the data provided in the application process for all applicants before appointment to the staff can be made. This investigation will include, but is not limited to, reference checks with past employers, educational institutions, volunteer organizations, civic groups, and law-enforcement agencies. This information will be used only for purposes of evaluating personnel for Camp Mack.

Name _____ E-mail _____
 First name Middle Initial Last Name

Home Address _____

City _____ State _____ Zip _____ Preferred Phone # _____

Mailing Address _____ Alternate Phone # _____
(If different than home address)

City _____ State _____ Zip _____

EDUCATION

High school _____ City/State _____ Date of Graduation _____

Other Education _____ City/State _____ Date of Graduation _____

Other Education _____ City/State _____ Date of Graduation _____

References

| References | Name | Years Known | Organization | Home #, Work # |
|-----------------------|------|-------------|--------------|----------------|
| Employer Reference | | | | H: |
| | | | | W: |
| Employer Reference | | | | H: |
| | | | | W: |
| Personal Reference | | | | H: |
| | | | | W: |
| Additional References | | | | H: |
| | | | | W: |

Work History

| Company | Responsibilities | Supervisor | Work Dates | Phone |
|---------|------------------|------------|------------|-------|
| | | | | |
| | | | | |
| | | | | |

Volunteer History

| Company | Responsibilities | Supervisor | Work Dates | Phone |
|---------|------------------|------------|------------|-------|
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| | | | | |
| | | | | |

Camp History (If applicable)

| Camp | Responsibilities | Director | Work Dates | Phone |
|------|------------------|----------|------------|-------|
| | | | | |
| | | | | |
| | | | | |

Training/Other Experiences

- Do you possess a current Lifeguard Training Certificate? ___ Yes ___ No ___ Interest in receiving
- Do you possess a current CPR Certificate? ___ Yes ___ No ___ Interest in receiving
- Do you possess a current First Aid /AED Certificate? ___ Yes ___ No ___ Interest in receiving
- Do you possess a current ServSafe Certificate? ___ Yes ___ No ___ Interest in receiving

Other Certificates? _____

AUTHORIZATION TO CHECK CRIMINAL RECORDS

I, _____ attest that in relation to crimes against children, I have not:

- Been convicted of a violent crime or crimes against children,
- Been adjudged liable for civil penalties or damages,
- Had a court order or domestic order or protection,
- Had parental rights terminated.

I authorize Camp Mack to receive information from any law-enforcement agency, including police departments and sheriff's departments, of this state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee, and that I expressly **DO NOT** authorize Camp Mack, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation. I am aware that a prior conviction will not necessarily bar me from employment.

Signed _____ Date _____

(Signature of applicant)

Social Security # _____ DL # _____ DOB _____

Office Use Only

I have completed the Background Investigation of this applicant. The applicant's record ___ qualifies ___ disqualifies the applicant for employment.

Executive Director

Date

With the increased use of social networking sites (Facebook, Twitter, etc.), we reserve the right to check out an individual's site as part of the reference check.

Do you have a site? ___ Yes ___ No Site address: _____

I certify that the information contained on this application is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal. ***I authorize Camp Mack to contact all prior employers and any references listed to verify all information provided and to obtain any and all information related to my character and past work performance. I also release all references and prior employers from any liability for information provided in good faith.***

I agree that any photographs and/or video of me taken during my employment can be used for promotional purposes by the camp.

I agree to be bound by the policies of Camp Mack.

Signed _____ Date _____

PARENTAL CONSENT

If the applicant is under the age of 18 at the time this application is completed, a signature of a parent or legal guardian is necessary. This signature acknowledges that the parent/legal guardian is aware of their child's/ward's intent to apply for a position at Camp Mack. This signature also grants the Executive Director, in the event of a health related emergency, to secure proper treatment should such occasion occur. This signature also grants the use of photographs of the child/ward to be used in advertising or promotion of the camp.

Signature: _____ Date: _____

Relationship: _____