## **Camp Superkids Staff First-Time Application**

## Name Date / /

Last First Middle

## Address

Street Apt. Number

City State Zip Code

## Phone ( ) ( ) ( )

## Home Work Cell

E-Mail Address

## Sex: Male Female

Circle your T-Shirt Size: S M L XL XXL

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, please explain:

Position Applying For: (please check one)

\_\_\_ Physician \_\_\_ Nurse Practitioner \_\_\_ Registered Nurse \_\_\_Pharmacist

\_\_\_ Physician Asst. \_\_\_ Fellow in Training \_\_\_ Respiratory Therapist \_\_\_ Other

How did you hear about camp?

Do you have experience with asthma?  Yes  No If yes, explain

Do you have experience working with kids?  Yes  No If yes, explain

Why would you like to work at camp?

If applicable, does your liability insurance cover you while working at camp?  Yes  No

### **Professional Information**

Type of License or Registration Registration or License Number Expiration Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

#### \*Please attach copies of any relevant license, registration or certification

#### **Education History**

Name and Location of School Major Course of Study Diploma/Degree

|  |  |  |  |
| --- | --- | --- | --- |
| College/University |  |  |  |
| Graduate/Professional |  |  |  |

##### Employment History

Dates May We Phone

Company and Address Position From To Supervisor Contact? Number Reason for Leaving

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

##### References

Please provide two references (relatives excluded)

Name Address Phone Number

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

**Availability   
(please write- in your availably in spaces below)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sat June 21** | **Sun June 22** | **Mon June 23** | **Tues June 24** | **Wed June 25** | **Thurs June 26** | **Fri June 27** |
| **3:00 – 10:00 p.m.** | **10:00 a.m. – 10:00 p.m.** | **8:00 a.m. – 10:00 p.m.** | **8:00 a.m. – 10:00 p.m** | **8:00 a.m. – 10:00 p.m** | **8:00 a.m. – 10:00 p.m** | **8:00 a.m. – 3:00 p.m.** |
|  |  |  |  |  |  |  |

**Camp Staff Orientation**

Orientation will be Sunday June 1st, 2014 from 12:00 p.m. – 5:00 p.m. at the American Lung Association in Minnesota 490 Concordia Ave, St. Paul, MN 55103. Orientation is Mandatory for first-time staff. If you are not able to attend orientation please contact Gene Kopecky, Director of Health Services at [Ekopecky@Charter.Net](mailto:Ekopecky@Charter.Net).

Will you be at orientation?  Yes  No

**Required Information for Background Check**

### Please Print Clearly

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Alias/Maiden Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth / / Sex  M  F Driver’s License Number

Previous Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Apartment Number

If within seven years

City State Zip Code

## **Authorization for Release of Information** **and Background Check**

I understand that in processing my application, an investigation may be made in which information is obtained through personal interviews and a review of information held by law enforcement or other governing agencies. I authorize you to verify my past employment, education records, criminal records, motor vehicle records, personal references and other job related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information and I release them from any liability as a result of such inquiries or disclosures. I have the right under the “Fair Credit Reporting Act” to make a written request within a reasonable period to receive detailed information about the nature of this investigation.

I understand that any offer for a staff or volunteer position is contingent upon the results of my investigative report. I also understand that false or misleading statements in this application or concealment of requested facts may be considered cause for dismissal.

In order for this investigative report to be completed, I must provide the information requested on the reverse side of this form. I understand that my failure to completely and accurately complete this form, or my misrepresentation or omission of any facts called for therein, may result in termination of employment or the withdrawal of any job offer.

I understand that a conviction does not automatically mean that I will not be offered a position. The nature of the conviction, the circumstances surrounding the conviction and how long ago the conviction occurred are all factors that will be evaluated. I further understand this information will be used only for the limited purpose of preparing the investigative report.

# Signature

# Date

**Emergency Form for Camp Staff**

Name Date / /

Last First Middle

**Primary Emergency Contact**:

Name Relationship

Address

City State Zip

Phone (*Work*) Phone (*Home*)

**Alternate Emergency contact:**

Name Relationship

Phone (*Work*) Phone (*Home*)

**Basic Health Information:**

Current Medications

Allergies

Other Conditions/Limitations we should be aware of

**Health Care Provider and Insurance Information:**

Health Care Provider

Clinic Name

Address

City State Zip

Phone

Insurance Company Member/Policy Number

**Attach Copy of Insurance Card(s)**

## I certify that the information in this application is true and complete and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge. I understand and agree that any offer is contingent on successful completion of a background check and satisfactory references.

## 

##### Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_\_/\_\_\_\_