

OFFICE USE ONLY

Date Received: _____

Status: _____

CAMP ALBRECHT ACRES EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

NAME _____ SOCIAL SECURITY # _____

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

NAME OF COLLEGE/UNIVERSITY _____

SCHOOL ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

POSITION APPLYING FOR: (Please check)

- Counselor Crafts Instructor Activities Instructor Kitchen Assistant Housekeeping
 Cook Registered Nurse Licensed Practical Nurse Medication Assistant

DATES AVAILABLE: FROM _____ TO _____

CAMP EXPERIENCE: Yes _____ No _____

IF YES, PLEASE LIST PREVIOUS EMPLOYER, CAMP AND CAMP'S ADDRESS (Please list last two years): _____

DATES OF EMPLOYMENT: _____

EMPLOYER/SUPERVISOR PHONE: _____

OCCUPATION: _____

REASON FOR LEAVING: _____

EDUCATION, YEARS IN COLLEGE/UNIVERSITY: _____

NAME OF COLLEGE/UNIVERSITY: _____

MAJOR/DEGREE: _____

PLEASE LIST ANY CURRENT CERTIFICATIONS AND LICENSES:

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REFERENCES NAMES, PHONE NUMBERS AND EMAIL ADDRESSES: (Please list 3 individuals, not relatives, having knowledge of your character, experience and ability)

- 1. _____
- 2. _____
- 3. _____

HARASSMENT: Have you ever been convicted of any form of harassment (sexual, racial, religious and other forms of harassment)? Yes _____ No _____

Explain: _____

CRIMINAL RECORD: Have you ever been convicted of a crime, other than a minor traffic offense? Yes _____ No _____

Explain: _____

WHY DO YOU WANT TO WORK AT A SPECIAL NEEDS CAMP?

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all other from all 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 designated camp official. I also understand that false, misleading or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp. All documentation becomes property of Camp Albrecht Acres.

Signature _____ Date _____

To submit, please save the completed document as a PDF and email it as an attachment to office@albrechtacres.org OR print and mail completed application to PO Box 50, Sherrill, Iowa 52073. Once received and processed, a confirmation email will be sent within 10-14 business days.