

CAMP ALBRECHT ACRES EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE DATE OF APPLICATION _____
 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 circle)
 Counselor Crafts Instructor Activities Instructor Programming Director
 Lifeguard Dietary Volunteer Housekeeping
 Registered Nurse Licensed Practical Nurse Medication Assistant

DATES AVAILABLE: FROM _____ TO _____

CAMP EXPERIENCE

DATES	CAMP	DIRECTOR	ADDRESS	OCCUPATION

PAST EMPLOYMENT (Please list last two years)

DATES OF EMPLOYMENT	EMPLOYER/SUPERVISOR	ADDRESS AND PHONE	OCCUPATION	REASON FOR LEAVING

PLEASE COMPLETE BOTH PAGES OF THE APPLICATION

EDUCATION

YEARS	SCHOOL	MAJOR	DEGREE

PLEASE LIST ANY CURRENT CERTIFICATIONS AND LICENSES

REFERENCES (Please list 3 individuals, not relatives, having knowledge of your character, experience and ability.)

NAME	ADDRESS	PHONE

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 _____

Return completed application to: Camp Albrecht Acres, PO Box 50, Sherrill, Iowa 52073