

Application for Summer Employment

PERSONAL AND CONTACT INF	ORMATION					
Name:	ne: Last Name First Name		Middle Name		Preferred Name	
Last Name	First Name			T leieneu IV	ane	
Current Address:						
Street			City	State	Zip	
Permanent Address:						
Street			City	State	Zip	
Please send correspondence to n	ny (check one):	Current Address	D Permanent	Address		
Cell Phone:		_ Alternate Phone:		·		
Email:						
Positions desired:						
1 st Choice:		2 nd Cl	noice:			
CERTIFICATIONS Please mark all areas in which yo cards with this application. Adult CPR Child CPR First Aid	□ Canoe Ins □ Archery Ir	structor		First Responder		
Li first aid	ப Lireguard	Training		First Aid		

Other Certifications (include expiration date):

EDUCATION HISTORY

Educational Level	Name	Location	Expected Graduation and Degree/Major
High School			Completed? Yes No
College			
Other			

Essay Questions: Please use additional sheets of paper to address the following questions. Be honest with us as well as yourself. It will take time to answer each question but this is a job that takes time, careful planning and attention to detail.

- 1. What would you like to gain from a summer camp experience?
- 2. How would you teach campers to be honest, fair, and respectful of self, others and the environment?
- 3. What skills, talents, and personal beliefs do you possess that would be an asset to the Camp Toccoa program and community?
- 4. If you had ten minutes of unexpected time to fill with 8 campers what would you do?

PLEASE LIST EMPLOYMENT & VOLUNTEER HISTORY STARTING WITH CURRENT OR MOST RECENT POSITION.

Employer/Agency Name	Location	Supervisor Name and Title	Supervisor Phone	Dates of Employment

Please answer the following questions. Additional verification will be required upon employment.

Are you legally eligible for employment in the United States?	Yes	No
Can you meet the minimum age requirements for the position you are applying for?	Yes	No
Are you able to perform the essential functions of this job without accommodation?	Yes	No
If no, please describe the desired accommodations below:		
Have you ever been convicted of child abuse, violation of any law or ordinance regulating conduct towards minors, or a felony? If yes, please explain below:	Yes	No
Our camp is tobacco free. Are you willing to comply?	Yes	No
Are you able to attend staff training? (Dates listed on position descriptions)	Yes	No
Dates you are available to work? Please list start and end dates:	-	

Are there any dates and times you will be unable to work? If yes, please list below: (Please note that ALL time off must be requested and approved in writing prior to the camp season starting unless there are emergency circumstances)

Please read carefully before signing application.

- I certify that the information given herein is true and complete to the best of my knowledge.
- I authorize Camp Fire Georgia to investigate all statements in this application and to secure any information, they deem
 necessary, from all of my employers, references and academic institutions. I hereby release all of those employers,
 references, academic institutions and Camp Fire Georgia from any and all liability arising from the giving or receiving of
 information about my employment history, academic credentials and my suitability for employment.
- I understand that this application is in no way intended to create an employment contract.
- I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation or consideration for employment or dismissal if I have been employed.
- I have read all of Camp Fire Georgia's available job descriptions _____ (please initial)

I hereby acknowledge that I have read and understand the preceding statement.

Applicant Signature_____

Date

Please mail completed application to: Camp Fire Georgia, 92 Camp Toccoa Drive, Toccoa, GA 30577 or email to humanresources@campfirega.org