



# *Chef Camp*

## 2017 SUMMER SEASONAL STAFF/INTERN APPLICATION CAMP COUNSELORS & INSTRUCTIONAL STAFF

This application is for those applying for positions working directly with campers as counselors or instructional staff.

Date of Application \_\_\_/\_\_\_/\_\_\_\_\_

Position Desired:

\_\_\_Camp Counselor      \_\_\_Culinary Instructional staff      \_\_\_Other:\_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle \_\_\_\_\_

Please list your legal name which matches your Social Security#. Name must be accurate for background check purposes.

Nickname/Name You Prefer to Be Called: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Social Security # is required for the purposes of conducting criminal history/background checks, mandatory for employment. Failure to provide this information will disqualify applicant.

*All staff must meet the requirements to operate a motor vehicle as part of their job duties, and as such must be a minimum of 21 years of age By June 1, 2017*

Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_ Age as of June 1 2017: \_\_\_\_\_

Drivers License # \_\_\_\_\_ State of Issue: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Daytime Phone (      ) \_\_\_\_\_ Evening Phone (      ) \_\_\_\_\_

Cell Phone (      ) \_\_\_\_\_ Other Phone (      ) \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
Street City State Zip

**REFERENCES** *(List 3 persons not related to you who can attest to your character and skills)*

Name \_\_\_\_\_ Email \_\_\_\_\_

Day Phone: (      ) \_\_\_\_\_ Other Phone (      ) \_\_\_\_\_

How does this person know you? \_\_\_\_\_ For how long? \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Day Phone: (      ) \_\_\_\_\_ Other Phone (      ) \_\_\_\_\_

How does this person know you? \_\_\_\_\_ For how long? \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Day Phone: (      ) \_\_\_\_\_ Other Phone (      ) \_\_\_\_\_

How does this person know you? \_\_\_\_\_ For how long? \_\_\_\_\_

**Previous Work or Volunteer Experience:**

Employer/Organization \_\_\_\_\_ Dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer/Organization \_\_\_\_\_ Dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Other Experience Working with Children** (other than what you have already listed on this application)

Organization/Employer \_\_\_\_\_ Dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_  
Describe position/duties: \_\_\_\_\_

Organization/Employer \_\_\_\_\_ Dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Contact Phone: ( ) \_\_\_\_\_  
Describe position/duties: \_\_\_\_\_

**Previous Camp Experience:** (prior camp experience is not required to be considered for employment)

Camp \_\_\_\_\_ Location \_\_\_\_\_ Years \_\_\_\_\_  
As a \_\_\_ Camper \_\_\_ Staff: Position \_\_\_\_\_

Camp \_\_\_\_\_ Location \_\_\_\_\_ Years \_\_\_\_\_  
As a \_\_\_ Camper \_\_\_ Staff: Position \_\_\_\_\_

**Education**

Listed highest year/degree completed: \_\_\_\_\_  
As applicable, what is your major/degree/specialty: \_\_\_\_\_

**Swimming Skills:**

Your swimming ability: \_\_\_ Non-Swimmer \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Good Swimmer  
Are your swimming skills strong enough to successfully pass a lifeguarding class? \_\_\_\_\_  
Are you currently certified as a lifeguard? \_\_\_\_\_ Have you even been certified as a lifeguard? \_\_\_\_\_

If Currently Certified as a Lifeguard: Certifying Agency \_\_\_ Red Cross \_\_\_ YMCA \_\_\_ Other: \_\_\_\_\_  
Certification Date: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_  
Please include a copy of your certification with your application

**Military Service**

\_\_\_ No \_\_\_ Yes: Branch \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Rank: \_\_\_\_\_

**Accommodation Requirements**

Describe any conditions (physical, medical, psychological) which may limit your ability to perform certain functions and/or that may require special accommodations \_\_\_ None  
\_\_\_ Yes: \_\_\_\_\_

Chef Camp is a tobacco free/smoke free program. Smoking/use of tobacco products is not permitted at any time while on duty or on/in/around camp facilities. Will you be able to comply with this policy? \_\_\_\_\_

Chef Camp does not permit the use or possession of alcohol on/in camp facilities. Seasonal staff are prohibited from drinking or storing alcoholic beverages on/in camp facilities, including when off duty. Will you be able to comply with this policy?

**Why Do You Want To Work At Camp Motorsport/Chef Camp?**

**What Makes You A Positive Role Model for Teens?**

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**Anything Else We Should We Know About You?** This is an opportunity to share skills, talents, or other information which we haven't asked about...

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Optional: describe experience, skills, certifications or qualifications you have specific to the position desired  
Attach additional pages, resume, copies of certifications, etc. as applicable



# VOLUNTARY DISCLOSURE STATEMENT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle \_\_\_\_\_

Have you ever been convicted, plead guilty to, or plead no contest to any felony?  No  Yes

If yes, please explain details: \_\_\_\_\_

Have you ever been convicted of, or are the subject of pending charges, of any crime?  No  Yes

If yes, please explain details: \_\_\_\_\_

Have you ever been convicted for use, possession, being under the influence, the manufacture, distribution, or sale of illegal drugs?  No  Yes

If yes, please explain details: \_\_\_\_\_

Have you ever been convicted of, or are the subject of pending charges, or are the subject of a founded complaint of child abuse or neglect?  No  Yes

If yes, please explain details: \_\_\_\_\_

Have you ever been identified of founded child abuse/neglect investigations as an involved caregiver with a founded disposition of child abuse/neglect?  No  Yes

If yes, please explain details: \_\_\_\_\_

**I hereby attest that the information provided by me is true and that I understand that falsification of information will result in termination of employment if hired.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## **FAIR CREDIT REPORTING ACT** ***Consent to Request Consumer Report Information***

I understand that the camp will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I understand that the consumer reporting agency will conduct an investigation which may include obtaining information covering up to the last seven (7) years regarding my references, character, past employment, work habits, education, general reputation, personal characteristics, credit information, driving records and criminal background. I also understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I hereby consent to this investigation and authorize Chef Camp to procure a report on my background as stated above from a consumer reporting agency.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

# **PRE-EMPLOYMENT AND CONTINUED EMPLOYMENT AUTHORIZATION AND RELEASE**

I understand that in connection with my application for Employment, Volunteer Services, and /or for Continuous Employment, and /or Volunteer Services, Chef Camp, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History. However, unless my position involves handling money or having access to monies and /or other transferable monetary instruments, my Credit History will not be checked.

I understand that the camp may rely on any part or all of this information in determining whether to extend an offer of Employment/Volunteers' duties to me. I further understand that if any adverse action is taken by the camp and/or if the camp chooses not to extend an offer of Employment/Volunteer duties to me based upon the information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to Employment/Volunteer assignments, and is not conducted for any purpose other than in connection with my Application for Employment, Volunteer status and/or my eligibility for Continued Employment/ Volunteer Duties.

I have read this Pre-Employment and Continued Employment/Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for employment/volunteer duties. I hereby release any and all Investigators, including Chef Camp from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application.

I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested information, to disclose such information to Investigators in connection with this background check.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Printed Name: \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Prior to sending, please be sure to save completed application in your computer

**Email completed application to office@chefcamp.com**