



Hope With Heart Employment Application



August 14th – 21st, 2010

Please return application to: Hope With Heart ~ P.O. Box 737 Harriman, NY 10926

All new applicants must fill out all pages of this application booklet.
All returning employees are only required to complete pages 1 and 2.

First Name: _____ Middle Initial: _____ Last Name: _____

Today's Date: ____ / ____ / ____ DOB: ____ / ____ / ____ S. S. #: ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

Cell Number: (____) _____ E-mail address: _____ @ _____

Please provide the following information about your current employer or secondary education.

School or Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

E-mail address: _____ @ _____

Please describe your responsibilities or major:

May we contact your current employer or school?

Yes No If no, reason: _____

Position Desired: _____ Salary Desired: _____

Do you meet or exceed any minimum age requirements (18 years and older) for this position?

Yes No Unsure

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes No Unsure

T-shirt Size (Circle one): Adult- XS S M L XL XXL

License Information

Do you have a valid driver's license? Yes No State: _____

License Number: _____ Expires: _____ / _____ / _____

Certification and Support Skills

In the following areas, please rate your experience and skills on a scale of 0 (no experience or skills) to 10 (highly experienced and skilled). If you are certified please attach a copy of your current certification.

_____ Accounting	_____ Nursing	_____ Drama
_____ Computer	_____ CPR	_____ Music
_____ Sports	_____ Arts & Crafts	_____ Other
_____ Teaching	_____ Life Guard	_____ Other
_____ Cooking	_____ Coaching	_____ Other

Emergency Contact- ALL MUST FILL OUT COMPLETELY!

Whom should we contact in case of an emergency?

Name: _____ Relationship: _____

Location: _____ Day Phone: () _____

Evening Phone: () _____ Cell Phone: () _____

Harassment

This camp's policy is to prohibit all forms of harassment by our employees. This includes sexual, racial, religious, and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment? (Note: a prior accusation or conviction is not an automatic bar of employment. The type of accusation or conviction and when it occurred will be evaluated by Hope With Heart before a decision is made.)

Yes No

If yes, please use the space below to explain.

Criminal Record

Have you ever been convicted of a crime, other than a minor traffic offense? (Note: a prior conviction is not an automatic bar of employment. The type of conviction and when it occurred will be evaluated by Hope With Heart before a decision is made.)

Yes No

If yes, please use the space below to explain.

Authorization

I authorize investigation of all statements herein, including any checks of criminal records/background, and release Hope With Heart and all others from 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 a designated official of Hope With Heart. I also understand that if untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by Hope With Heart.

Signature: _____ Date: _____ / _____ / _____

All statements become part of any future employee personnel files.

Last revised: 2/11/08

Past Work History- Including Camp Experience

Provide a full record of employment – paid and volunteer – and explain any gaps in employment. Include any positions on camp staff. Use a separate sheet if necessary.

Dates	Employer and Supervisor	Address and Phone number	Nature of Work	Reason for Leaving

Indicate any employer you **do not** wish us to contact and the reason why.

References

Give names and addresses of three persons (not relatives) having knowledge of your character, experience, work habits, and ability.

Name	Address & City	Phone Number

Related Certifications

Please list all valid relevant, certifications you may have (i.e. CPR, Life guarding).

Title of Certification	Issued By (Red Cross, American Heart Assoc.)	Issued Date	Expiration Date

How did you hear about us? _____

Camper Age Preference (No assurance is made)

7-11

12-15

16-17

Education

High School & Beyond

Years	School & City	Major Subjects	Degree(s) Granted

Write a brief biographical sketch, including specialized training in camps, and experience or training in other fields which might have a bearing on the position for which you are applying. Attach a separate sheet or resume if necessary.

Why are you interested in a position within our organization?

For Office Use Only		
Received	Reviewed	Recommendation
/ /	/ /	