



# 2010 Summer Employment Application

3527 Mt. Diablo Blvd. #241 • Lafayette, CA 94549 • (925) 937-6500 • (415) 865-9787(fax)  
campinfo@adventuredaycamp.com • www.adventuredaycamp.com

## Personal Information

Name: \_\_\_\_\_  Male  Female

Position(s) applying for: \_\_\_\_\_

Have you previously been employed by Adventure Day Camp?  Yes  No If yes, when? \_\_\_\_\_

Availability Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Are there any conflicting dates during the summer that would interfere with your employment? \_\_\_\_\_

### Permanent (Home) Address:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Temporary Address (if you are currently living away from home) Valid until: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

School Attending: \_\_\_\_\_ Email: \_\_\_\_\_

Are you 21 or older?  Yes  No If you are under 18, please give your age: \_\_\_\_\_

For applicants 21 or older: Do you have a valid drivers license?  Yes  No

Please list any citations issued during the past 3 years: \_\_\_\_\_

\_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No

## Educational Information

School	Name	# of Years	Major	Degrees Received
High School				
College				
Graduate				
Other				

How did you hear about Adventure Day Camp?

\_\_\_\_\_

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**Work History**

List all present and past employment experiences. Begin with most recent

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Position Held	Company	Phone	Supervisor	When you worked there	Reason for leaving
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Position Held	Company	Phone	Supervisor	When you worked there	Reason for leaving
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Position Held	Company	Phone	Supervisor	When you worked there	Reason for leaving
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May we contact the employers listed above?    Yes    No    If "no" indicate which employer \_\_\_\_\_

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**Camp Experience**

Have you ever been a camper?  Yes  No    If yes, where? \_\_\_\_\_

Have you ever worked at another camp?  Yes  No    If yes, where? \_\_\_\_\_

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**Camp Related Experience**

Please discuss any experience you have had working with children. Please list age of children and your responsibilities.

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Describe any leadership positions you have held. \_\_\_\_\_

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What skills and experiences do you have that directly relate to the position for which you are applying? Please review the activities listed on our website and expand on any skills or experiences \_\_\_\_\_

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What would you want your campers to say about you after their experience at Adventure Day Camp? \_\_\_\_\_

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**General Experience**

With what age group of campers do you prefer to work with?     4-7     8-11     12-14     Any

Do you have any physical limitations?     Yes     No

Are you currently certified in any of the following? Please include expiration dates and bring certificates to your interview.

First Aid \_\_\_\_\_

Sailing \_\_\_\_\_

CPR \_\_\_\_\_

Lifeguard \_\_\_\_\_

WSI \_\_\_\_\_

Commercial Drivers License \_\_\_\_\_

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**References**

*Please list business, education, or other non-personal references*

1. \_\_\_\_\_  
Name \_\_\_\_\_ Position / Title \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Position / Title \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Position / Title \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
\_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

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**Comments**

Tell us more about you. Is there anything else we should know about you when considering you for employment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please read and sign on back.*



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***Please Read and Sign Below***

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct without any mental reservation whatsoever. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omissions or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Any Adventure Day Camp offer of employment is conditional and subject to the results of any criminal conviction background check on you conducted by Adventure Day Camp or on its behalf.

I hereby authorize Adventure Day Camp to thoroughly investigate my references, work record, education and any other matters related to my suitability for employment and, further, authorize my former employers to disclose to Adventure Day Camp any and all of my employment records, including disciplinary reports and letters of reprimand, without giving me notice of such disclosures. In addition, I hereby release Adventure Day Camp, my former employers, their respective directors, officers, employees and agents, and all other persons from any and all claims, demands and liabilities arising out of or in any way related to such investigations or disclosures.

I understand and agree that if I am employed, my employment and compensation are for no definite or determinable period and may be terminated at any time, with or subject only to the express terms of any applicable collective bargaining agreement. I further understand and agree that no representative of Adventure Day Camp has any authority to enter into any agreement for employment for any specified period of time or to make any binding representations or agreements, whether oral or written, contrary to the foregoing. Your application will remain active for only ninety (90) days.

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Signature of Applicant

Date

***Standard EEO Statement***

Adventure Day Camp is committed to the principle of equal employment opportunity for all applicants and employees in accordance with all applicable federal, state, and local laws. No applicant or employee will be denied opportunities for employment or advancement because of race, color, creed, religion, sex, age, national origin, ancestry, marital status, unfavorable discharge from military service or disability in accordance with those laws.

**Voluntary Disclosure Statement  
All Camp Staff FM 16**

**FOR ALL APPLICANTS OVER THE AGE OF 18 THIS FORM MUST BE INCLUDED WITH YOUR APPLICATION**

Name \_\_\_\_\_ Birth date \_\_\_\_\_

*Last, First, Middle*

Home address \_\_\_\_\_

*Street, Address, City, State, Zip*

Social Security # \_\_\_\_\_ Other names by which known (e.g., maiden name) \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone (if applicable) \_\_\_\_\_

Cell phone (optional) \_\_\_\_\_ E-mail address (optional) \_\_\_\_\_

School or College \_\_\_\_\_

Address \_\_\_\_\_

*Street, Address, City, State, Zip*

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**1. Previous residence(s) for last five years (include college and home residences):**

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Years \_\_\_\_\_

(Continue on separate sheet, if necessary.)

**2. Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them?**

Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below?  Yes  No**

- Indecent assault and battery on a child under fourteen
- Indecent assault and battery on a mentally retarded person
- Indecent assault and battery on a person who has obtained the age of fourteen
- Rape
- Rape of a child under sixteen with force
- Assault with intent to commit rape
- Kidnapping of a child under sixteen with intent to commit rape
- Distribution and trafficking of narcotics or other controlled substances
- Intent to commit any of the above crimes.

If yes, please explain: (Use a separate sheet, if necessary.)

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4. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

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5. Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection?  Yes  No

If yes, please explain: (Use a separate sheet, if necessary.)

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6. Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?  Yes  No

If yes, please explain:

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I understand that:

1. The camp may deny employment to any person who answers “yes” to any one of questions 2-6. If hired and the employer later discovers circumstances that would indicate a “yes” answer to any of the above questions, employment may be terminated immediately.
2. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.  
***Triad Consultants, 314B Caledonia Street, Sausalito, CA 94965 Tel: 888/742-3888 is the Consumer Reporting Agency preparing the Report.***
3. The camp may terminate employment or volunteer service of any person if that person is found, regardless of when discovered, to:
  - a. have a history of complaints of abuse of a minor;
  - b. have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor; and/or
  - c. have falsified or omitted information in this disclosure statement.
4. This disclosure statement must be updated yearly.
5. A photocopy or faxed copy of this form can be accepted with the same authority as the original.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Minor’s Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_