



### Application for AuSM Camp Staff Employment - 2007

Last Name		First Name		Middle Name	
Street address			Date of Birth <small>(Required for background check)</small>		Gender (please circle) <b>M / F</b>
City		State	Zip Code + Suffix		County of Residence
Social Security Number					
Email Address		Phone (Cell)		Phone (Home)	Phone (Work)
MN Drivers License # or State ID #		List all other names by which you have been known:		List all other Counties in which you have lived during the past 5 years:	
<b>**Indicate alternate address to where you would like check sent, if different than above:</b>					

*Indicate all camps, positions and weeks for which you have interest working:*

Camp Hand in Hand		Camp Discovery		Wilderness Inquiry	Wahode Day Camp	
<b>Week I: June 21 - 28</b> <b>Week II: June 28 - July 5</b> <b>Week III: August 10 - 17</b>		<b>Week I: June 27 - July 3</b> <b>Week II: July 5 - 11</b>		<b>July 17 - 21</b>	<b>Week I: July 30 - Aug 3</b> <b>Week II: Aug 6 - 10</b>	
♦ <i>Hand in Hand staff arrival &amp; check-in after 7pm on the first date listed above</i> ♦ <i>Mandatory training begins at 8:30 am the following morning</i>		♦ <i>Discovery staff arrival &amp; check-in after 3pm on the first date listed above</i> ♦ <i>If riding bus to camp, arrive with campers on the day after first date listed above</i>		<i>Wilderness Inquiry training to be arranged</i>	<i>Wahode Day Camp training to be arranged</i>	
Available Positions	CIRCLE WEEK(S)	Available Positions	CIRCLE WEEK(S)	Available Positions	Available Positions	CIRCLE WEEK(S)
<input type="checkbox"/> Program Staff	I II III	<input type="checkbox"/> Cabin Support	I II	<input type="checkbox"/> Program Staff	<input type="checkbox"/> Program Staff	I II
<input type="checkbox"/> Counselor	I II III	<input type="checkbox"/> Mentor	I II	<input type="checkbox"/> Counselor	<input type="checkbox"/> Counselor	I II
<input type="checkbox"/> Music Therapist	I II III					

#### ***Emergency Information***

Emergency Contact Person		Address		Relationship to you	
Phone (H)		Phone (W)		Phone (C)	
Health Care Provider		Physician's Phone		Insurance #	
Please state any health information that might affect your job performance at camp					

**Educational History** *\*\*New applicants only\*\**

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
College (list all attended)							

**Employment Record** *\*\*New applicants only\*\**

List present or most recent employer. You may attach a resume, but complete this application as well.

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From	To	Reason for leaving

May we contact your present employer?    **Yes**    **No**

**Professional / Work References** *\*\*New applicants only\*\**

List complete information for one past supervisor and one person (who is not related to you) who have knowledge of your qualifications for the position for which you are applying. *A reference form will be sent to individuals listed below.*

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

**Other acquired skills and/or experience, particularly related to working with children, children with autism and/or camping:**


**An Equal Opportunity Employer** We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose. Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

**Confidentiality** All information provided herein is considered confidential and will not be shared with any third party without consent.

**Provide All Information Requested** I understand that all information provided herein will be subject to a Background Check and that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment.

I hereby certify that the answers and other information on this application are true and correct. I understand that my continued employment depends upon the will of the company or myself.

Name (Please print) \_\_\_\_\_

Signature \_\_\_\_\_

Application Date \_\_\_\_\_