

Application for AuSM Camp Staff Employment - 2009

Last Name		First Name		Middle Name	
Street address			Date of Birth <small>(Required for background check)</small>		Gender (please circle) M / F
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:	
**Indicate alternate address to where you would like check sent, if different than above:					

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

Camp Hand in Hand		Camp Discovery		Wahode Day Camp	
Week I: June 18 – 25 Arrive after 7PM on 6/18/09 for training		Week I: June 21 – 27		Week I: July 13 - 17 *(Camp Butwin, Eagan)	
Week II: June 25 - July 1 Arrive by 2PM on 6/25/09 for training		Week II: June 30 – July 6		Week II: July 20 - 24 *(Birch Lake Elementary, White Bear Lake)	
Week III: August 9 – 15 Arrive by 2PM on 8/10/09 for training		<ul style="list-style-type: none"> Discovery staff arrival & check-in after 3pm on the first date listed above If riding bus to camp, arrive with campers on the day <u>after</u> first date listed above 		Week III: August 3 - 7 *(Camp Butwin, Eagan)	
				Wahode Day Camp training to be arranged	
Available Positions	CIRCLE WEEK(S)	Available Positions	CIRCLE WEEK(S)	Available Positions	CIRCLE WEEK(S)
<input type="checkbox"/> Program Staff	I II III	<input type="checkbox"/> Cabin Support Staff	I II	<input type="checkbox"/> Program Staff	I II III
<input type="checkbox"/> Counselor	I II III	<input type="checkbox"/> Mentor	I II	<input type="checkbox"/> Counselor	I II III
<input type="checkbox"/> Other:	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		

Education 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 valid for the duration of the application calendar year. You may submit a new application at any time and are responsible to notify AuSM of any changes of address or other contact information.

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 _____