

APPLICATION FOR SEASONAL EMPLOYMENT



Please Print or Type all Information Requested Except Signatures

PLEASE READ THIS FIRST:

You are making application to be considered to become involved in a special summer camp experience working with Title One students from Detroit Public Schools. Our staff act *“in loco parentis”* (in the place of the parent) for these children while they are attending camp. We are seeking responsible, committed, gifted and teachable individuals to join our ALL STAR STAFF! You are welcome to apply if that describes you!

Camp Burt Shurly is owned by Detroit Public Schools and operated by the Detroit Rescue Mission Ministries (DRMM) camp professionals. You are applying to work for DRMM.

JOBS AVAILABLE:

Cabin Counselors	Nurse	Office
Cooks	Core Staff (Leadership)	
Health Officer	Maintenance	

Position Applying For:

FIRST CHOICE: _____ SECOND CHOICE: _____ THIRD CHOICE: _____

RETURN THIS APPLICATION TO:

Camp Burt Shurly
Human Resources Department (Confidential)
15100 Goodband Road
Gregory, MI 48137

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, national origin, disability or other protected classification.

Please answer the below list of questions: (Use separate sheet if necessary.)

Why do you want to work at Camp Burt Shurly?

What experience or background do you have that qualifies you for this position?

What would you consider to be your strongest personal assets that would come in handy working with children?

In what areas do you feel you would need to improve to become a great camp leader?

What reservations, if any, do you have about working at Camp Burt Shurly?
(Leave blank if none)

INSTRUCTIONS: Each question should be fully and accurately answered. A separate application must be submitted for each position for which you are applying.

Applicants May Be Tested for Illegal Drugs

SOCIAL SECURITY NO. XXX-XX-_____		DATE _____	
NAME _____			
<i>(As it appears on Social Security Card)</i>			
First	Last	Middle	Maiden
ADDRESS _____			
Number	Street	City	State Zip Code
TELEPHONE () _____		Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the U.S. on an unrestricted basis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DRIVER'S LICENSE NO. _____-_____-_____-_____		How did you learn of this opening? _____	
Are you willing to work overtime, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No How many hours can you work per week? _____		Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you perform these essential functions with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what accommodations? _____ Are there any hours, shifts or days you cannot or will not work? Please indicate _____			
Have you had any accidents in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Violations within last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Which Ministry building and department? _____		HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions: _____ Are there any pending criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain charges: _____ _____ _____	

EDUCATION	NAME	LOCATION (Mailing Address)	MAJOR	DIPLOMA/DEGREE/ GED
High School				
College/University/ Trade School				
College/University/ Trade School				

EMPLOYMENT HISTORY (List most recent employer first, include all positions with each employer. Attach additional sheets if necessary)			
Name of Employer _____ Address _____ City, State, Zip _____ Phone Number _____	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
	Your last job title		
Briefly describe work duties:			
Reason for leaving; be specific, (May we contact this employer?) <input type="checkbox"/> Yes <input type="checkbox"/> No			

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City, State, Zip Code_____		To	Final
Phone Number_____	Your last job title		
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Briefly describe work duties:			
Reason for leaving; be specific, (May we contact this employer?) <input type="checkbox"/> Yes <input type="checkbox"/> No			

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our organization? Indicate additional experience, other than previously listed. Include any voluntary work.

OTHER EXPERIENCE, SKILLS OR QUALIFICATIONS	VOLUNTARY WORK EXPERIENCE
	Name_____ Address_____ City, State, Zip Code_____ Describe work: _____ _____

Skills and Interest

(This section does not need to be completed if you are applying for a maintenance or kitchen position)

Please rate your skill level in the following activities using the rating system listed below:

- 0 = No experience/interest in this activity
- 1 = I have no experience in this activity but would like to learn.
- 2 = I have some experience in this activity.
- 3 = I have experience in this activity and with some help could teach or co-instruct.
- 4 = I am confident I can teach this activity on my own.

Arts & Crafts

- _____ Painting
- _____ Lanyards
- _____ Scrap Booking
- _____ Tie Dye
- _____ Pottery
- _____ Jewelry Making
- _____ Drawing
- _____ Basket Making
- _____ Ceramics
- _____ Crafts (List types) _____

Water Sports

- _____ Boat Driving
- _____ Canoeing
- _____ Diving
- _____ Sailing
- _____ Swimming
- _____ Wind Surfing
- _____ Snorkeling
- _____ Water Skiing
- _____ Tubing
- _____ Kayaking
- _____ Fishing
- _____ Other _____

Wilderness Skills

- _____ Camp Crafts
- _____ Fire Building
- _____ Outdoor Cooking
- _____ Hiking
- _____ Orienteering
- _____ Astronomy
- _____ Animal Identification
- _____ Plant Identification
- _____ Backpacking
- _____ Leave No Trace
- _____ Overnight Tenting
- _____ Environmental Educ.

Sports and Games

- _____ Archery
- _____ Basketball
- _____ Fitness/Aerobics
- _____ Soccer
- _____ Parachute Games
- _____ Tennis
- _____ Volleyball

Horseback Riding

- _____ English Style
- _____ Western Style
- _____ Riding Instruction

Fine Arts/Miscellaneous

- _____ Dance _____
- _____ Languages _____
- _____ Story Telling
- _____ Writing
- _____ Poetry
- _____ Evening Programs
- _____ Campfire Programs

Drama and Music

- _____ Musical Instrument
- _____ Song Leading
- _____ Improv
- _____ Play Direction
- _____ Creative Drama
- _____ Other _____

Team Building

- _____ Group Initiatives
- _____ Low Ropes Course
- _____ High Ropes Course

Additional Skills & Certifications

Please list any other areas in which you can teach or you would be interested in learning how to teach:

Please list any of your current certifications and their expiration dates (i.e. First Aid, CPR, WFA, WSI, Life Guarding, Canoeing, etc.):

Certification	Expiration Date	Certification	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL SKILLS			YEARS EXPERIENCE	TYPE OF WORK		
Typing	<input type="checkbox"/> Yes			Word Processing	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	_____WPM			<input type="checkbox"/> No	_____WPM
Personal Computer	<input type="checkbox"/> Yes			Dictaphone	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No				<input type="checkbox"/> No	
Other Skills: _____						

MILITARY EXPERIENCE		
Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialty _____ Date Entered _____ Discharge Date _____		

REFERENCES (PLEASE LIST THREE REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS)	
Name	Name
Position	Position
Company	Company
Address	Address
Telephone	Telephone

Name
Position
Company
Address
Telephone

To All Applicants:

The information requested is needed to comply with state and federal laws and regulations. The information will be used for statistical purposes only and will not be used as part of the hiring process. Submission of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment.

Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian or Pacific Asian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Arabic | |

This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizen ship, age or disability. Opportunity for employment with this Employer depends solely on your qualifications. We reserve the right to select based upon religious preferences.

APPLICANT’S CERTIFICATION AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations on the application or otherwise made during the employment process will prevent a job offer or, if an offer is made, may result in my termination. I understand that this application and the personnel policies do not constitute employment. I understand that to be employed, I must be lawfully authorized to work in the United States and I must show the employer documents that will verify this.

I, the undersigned applicant for employment hereby authorize Detroit Rescue Mission Ministries, its agents, employees and representatives to obtain information concerning my employment, medical history, educational record, law enforcement record, and any other background information about me. I understand that any offer received is subject to my successfully completing all facets of the employer’s pre-employment screening process.

I hereby understand that Detroit Rescue Mission Ministries has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment and hereby authorize Detroit Rescue Mission Ministries to perform medical examinations and/or drug screening. During the post-offer process, I authorize Detroit Rescue Mission Ministries to check employment references.

I further understand that my employment with Detroit Rescue Mission Ministries shall be probationary for ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Detroit Rescue Mission Ministries is terminable at will for any reason by either party. .

I have read the application and completed it accurately, agree with the Statement of Faith and provide authorization for the above referenced information to be obtained by Detroit Rescue Mission Ministries. The employment application will be held on file for 120 days

Signature of Applicant _____ **Date** _____