



OFFICE ONLY
 Date Rec'd / /
 Interview Date / /
 Hire Date / /
 Initials

Celebrating Camping for over 50 YEARS!

Our mission is to provide individuals with disabilities an enriched life experience through recreation, advocacy and meaningful relationships.

Staff Application for Employment

Personal Information

Date: / /

Name: _____ Social Security #: _____

Address: _____

City _____ State _____ Zip _____

Permanent Address (if different from above): _____

City _____ State _____ Zip _____

Permanent Phone: _____

Cell Phone: _____ E-Mail _____

Are you 18 or over? Yes No If no, what is your birth date / /

How did you hear about Indian Trails Camp? _____

Position Applied For

Note: Before completing this section, be sure to review the list of job descriptions enclosed. (Please indicate choice #1, #2, #3 by preference)

- | | | | |
|---|---|---|---|
| Program
<input type="checkbox"/> Program Director
<input type="checkbox"/> Arts and Crafts Director
<input type="checkbox"/> Archery Director | General
<input type="checkbox"/> Camp Counselor
<input type="checkbox"/> Day Camp Counselor | Food Service
<input type="checkbox"/> Cook
<input type="checkbox"/> Food Service | Health
<input type="checkbox"/> RN
<input type="checkbox"/> LPN
<input type="checkbox"/> Certified-Health Officer |
| <input type="checkbox"/> Waterfront and Pool
<input type="checkbox"/> Ropes Course | Maintenance
<input type="checkbox"/> General Maintenance
<input type="checkbox"/> Housekeeping | Skill Building
<input type="checkbox"/> Mentor | Other
_____ |

Indian Trails Camp is an equal opportunity employer

0-1859 Lake Michigan Drive Grand Rapids, MI 49534 Ph: 616.677.5251 Fax: 616.677.2955



Education, Training and Background Information

Name of High School: _____ Dates: _____

Highest grade completed or currently enrolled: _____

College or University: _____ Dates: _____

Highest year completed or currently enrolled: _____

Please list your course of study or degree: _____

Date you are available to begin work? _____ Date of spring break: _____

Current Certifications: First Aid CPR Lifeguard Ropes course EMT other _____

Do you have a valid driver's license? Yes No State: Operator or Chauffeur License? _____

Are there any restrictions on your license? _____

Have you ever been convicted of a criminal offense other than a traffic violation? Yes No

If yes, please explain: _____

Work Experience

Dates Employed: _____ Employer: _____

Position: _____ Reason for leaving: _____

Dates Employed: _____ Employer: _____

Position: _____ Reason for leaving: _____

Dates Employed: _____ Employer: _____

Position: _____ Reason for leaving: _____

Dates Employed: _____ Employer: _____

Position: _____ Reason for leaving: _____

Personal References List 3 three personal references and do not include relatives

1. Name _____ Phone _____
 Address _____
 Relationship to you _____

2. Name _____ Phone _____
 Address _____
 Relationship to you _____

3. Name _____ Phone _____
 Address _____
 Relationship to you _____

Experiences

Write a "1" next to those activities you are able to teach/lead, a "2" by those you are able to assist in leading, and a "3" next to those you have an interest in learning.

Arts and Crafts	Nature	Recreation	Outdoor	Waterfront	Music/Drama
__ Painting	__ Astronomy	__ Adap. Games	__ Canoeing	__ Adap. Swim	__ Songs
__ Sketching	__ Bird Ident.	__ Ropes Course	__ Orienteering	__ Canoeing	__ Instruments
__ Paper Mache'	__ Flower Ident.	__ Basketball	__ Cooking	__ Life Guard	__ Guitar
__ Charcoal	__ Tree Ident.	__ Volleyball	__ Knot Tying	__ Games	__ Piano
__ Papermaking	__ Gardening	__ Soccer	__ Day Hikes	__ Other _____	__ Keyboard
__ Candle making	__ Weather	__ Ice Breakers	__ Camping	_____	__ Theatrics
__ Other _____	__ Other _____	__ Other _____	__ Other _____	_____	__ Other _____
_____	_____	_____	_____	_____	_____

Why do you desire to work at ITC? _____

List and describe any experiences you have had that effect your outlook on individuals with disabilities _____

What special contributions do you think you can bring to ITC?

What else should we know about you?

If necessary you may attach a separate sheet.

In case of an emergency, please notify:

Name: _____ Relationship to you: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

PLEASE, read this carefully before signing

I understand that submission of this application does not assure that I will be employed. I certify that the statements made by me in this application are true and complete. I understand that any false statement on this application may cause rejection of the application, or dismissal if such false statement is discovered subsequent to employment. I hereby give Indian Trails Camp permission to investigate my employment history, police record, character, general reputation, and all other matters in which they have legitimate interest, and authorize any person or firm contacted by them to give them all requested information. I expressly waive any right to receive written notice of the provision of such information or reports.

I understand that I have the right to request that the Camp fully and accurately disclose to me the nature and scope of all investigations, provided I make a written request to the Executive Director within a reasonable period of time after filling out this application. I understand that if offered employment, the offer is dependent upon my satisfactorily passing a physical examination and associated laboratory test, which may include drug and alcohol screening. Should I be offered employment, I hereby authorize and direct all medical personnel to provide copies of examination and test results and reports to Indian Trails Camp.

I understand that employment shall be at such terms and conditions as the Executive Director may determine and change from time to time and is based upon the requirement that the employees become familiar with and abide by the rules, regulations, policies, and procedures of the Camp as may be established and change from time to time. Such employment can be terminated by the Executive Director at any time, with or without notice, regardless of any other forms, manuals, handbooks, etc.

I understand that no one except the Director has the authority to enter into any agreement for employment on other than a “terminable at will” basis, and that no such agreement shall be effective or binding unless it is in writing, signed by the parties and subsequently ratified by resolution of the Board of Trustees of Indian Trails Camp.

I acknowledge that I have read and understand the foregoing disclosures, waivers, releases and agreement.

Signed: _____ Date: ____/____/____

Thank you for applying for a position with Indian Trails Camp – this application will remain active for a period of six (6) months from the date of completion. Should you wish to reactivate or amend your application at the end of this six (6) month period, please notify the Director of Program Services in writing at that time.

(All statements become a part of any future employee’s personnel files)

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