

# Application for Employment

Please print. Answer all questions completely and attach resume.

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Are you 18 years of age or older?  Yes  No If "no," please list birthdate: Month/Date/Year \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you authorized to work in the United States?  Yes  No

Position Applying for:  Counselor-in-Training (CITs must have completed sophomore year)  Counselor

Other (please list) \_\_\_\_\_

Group/Age preference: 1st choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

For which 2012 Session are you applying? (Note: Session 1 training begins on June 20. Session 2 training begins on July 10. CITs may select only one session.)

Session 1 (June 24–July 10, 2012)  Session 2 (July 12–July 28, 2012)  Both (June 24–July 28, 2012)

Do you have any commitments that will interfere with working the entire session you indicated?  Yes  No

If yes, please explain: \_\_\_\_\_

In the following, check the activities in which you can assist and DOUBLE CHECK those in which you are proficient enough to lead:

**ARTS and CRAFTS**

- \_\_\_ Camp Crafts
- \_\_\_ Recycled Arts
- \_\_\_ Lanyards
- \_\_\_ Paper Mache
- \_\_\_ Tie-Dye
- \_\_\_ Painting/Drawing
- \_\_\_ Friendship Bracelets
- \_\_\_ Other \_\_\_\_\_

**THEATER/DRAMA/MUSIC**

- \_\_\_ Improvisation
- \_\_\_ Play Direction
- \_\_\_ Costumes
- \_\_\_ Skits & Stunts
- \_\_\_ Music Videos
- \_\_\_ Folk/Line Dancing
- \_\_\_ Creative Movement
- \_\_\_ Jazz/Tap
- \_\_\_ Modern
- \_\_\_ Other \_\_\_\_\_

**NATURE LORE**

- \_\_\_ Hiking
- \_\_\_ Camping
- \_\_\_ Outdoor Cooking
- \_\_\_ Birds
- \_\_\_ Insects
- \_\_\_ Plants/Flowers
- \_\_\_ Rocks/Minerals
- \_\_\_ Trees
- \_\_\_ Mammals
- \_\_\_ Environmental Awareness
- \_\_\_ Reptiles
- \_\_\_ Geocaching
- \_\_\_ Other \_\_\_\_\_

**LEADERSHIP/PERSONAL DEVELOPMENT**

- \_\_\_ Low Ropes Course
- \_\_\_ Team Building
- \_\_\_ Goal Setting
- \_\_\_ Other \_\_\_\_\_

**SPORTS/GAMES**

- \_\_\_ Aerobics/Exercise
- \_\_\_ Archery
- \_\_\_ Softball
- \_\_\_ Volleyball
- \_\_\_ Ring Tennis
- \_\_\_ Newcombe
- \_\_\_ Ping Pong
- \_\_\_ Soccer
- \_\_\_ Swimming
- \_\_\_ Tennis
- \_\_\_ Jogging
- \_\_\_ Hiking
- \_\_\_ Yoga
- \_\_\_ Other \_\_\_\_\_

**HORSEBACK RIDING**

- \_\_\_ English Riding
- \_\_\_ Western Riding
- \_\_\_ Drill Team/Dressage
- \_\_\_ Horse Care & Barn Management
- \_\_\_ Other \_\_\_\_\_

**POOL/SWIMMING**

- \_\_\_ Lifeguard
- \_\_\_ Swim Lessons
- \_\_\_ Water Aerobics
- \_\_\_ Water Games
- \_\_\_ Other \_\_\_\_\_

**MISCELLANEOUS**

- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_

## EDUCATION

	Name/Location	Did you graduate? If no, list current grade/year.	Years attended (from month/year to month/year)	Course of Study/Major	GPA
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	From ____/____ To ____/____		
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	From ____/____ To ____/____		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No _____	From ____/____ To ____/____		

**PAST WORK HISTORY** Provide a full record of all employment – paid and volunteer – and explain any gaps in employment. Include any position on camp staff. Attach resume and additional pages/positions if necessary.

From month/year to month/year FROM TO	Employer and Supervisor's Name	Address and Phone	Position Held and Responsibilities	Reason for Leaving

**Certifications and Camp Support Staff Skills** In the following list, please check those items in which you have experience and skills. Mark with a "C" those for which you hold current certification and attach a copy of your certification.

Business/Administration  
 \_\_\_ Bookkeeping/accounting  
 \_\_\_ Computer/technical  
 \_\_\_ Computer/software (list)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Health/Safety  
 \_\_\_ Adult CPR  
 \_\_\_ Child CPR  
 \_\_\_ First-Aid  
 \_\_\_ Nursing  
 \_\_\_ Lifeguard  
 \_\_\_ WSI  
 \_\_\_\_\_

Maintenance  
 \_\_\_ Auto mechanics  
 \_\_\_ Carpentry  
 \_\_\_ Electrical  
 \_\_\_ Plumbing  
 \_\_\_\_\_  
 \_\_\_\_\_

Food Service  
 \_\_\_ Cooking/meal preparation  
 \_\_\_ Food Handler's Permit/Certification  
 \_\_\_ Menu planning  
 \_\_\_ Purchasing  
 \_\_\_ Sanitation  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please answer the following four questions as completely as possible.** Use additional paper if necessary.

1 List other experiences that you consider to be valuable background for working in a camp environment.

2 What contributions do you think you will be able to make at Skyland?

3 What contributions do you think a well-operated camp can make to campers and their families?

4 What do you hope to gain from your experience at Skyland Camp?

**PROFESSIONAL REFERENCES** Please list individuals, other than friends or relatives, who have knowledge of your character, experience, ability and work/volunteer experience.

Name _____	Email Address _____	
City/State _____	Years/Months Known _____	
Relationship _____		
Home Phone _____	Cell Phone _____	Work Phone _____
Name _____	Email Address _____	
City/State _____	Years/Months Known _____	
Relationship _____		
Home Phone _____	Cell Phone _____	Work Phone _____
Name _____	Email Address _____	
City/State _____	Years/Months Known _____	
Relationship _____		
Home Phone _____	Cell Phone _____	Work Phone _____

Do you have any limitations that may affect your ability to perform the functions of the job for which you are applying?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime, other than a minor traffic offense? If yes, please describe. (Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated by the camp before any decision is made.)  Yes  No If yes, please explain: \_\_\_\_\_

Is there additional information you think will be helpful for us to know as we consider your candidacy for a position at Skyland Camp for Girls? \_\_\_\_\_

How did you first learn about Skyland Camp? (If an individual, please list their name). \_\_\_\_\_

I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery by the camp.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please send completed application to: Skyland Camp for Girls ... PO Box 128 ... Clyde, NC 28721  
Or scan/email to [Mailbox@SkylandCamp.com](mailto:Mailbox@SkylandCamp.com)