

EMPLOYMENT APPLICATION

| | | | |
|----------------|---------|--------|-------------------------|
| Name: _____ | | | |
| (Last) | (First) | (M.I.) | |
| Address: _____ | | | Home Phone (____) _____ |
| _____ | | | |
| (City) | (State) | (Zip) | |

Position for which you are applying: _____

Work schedule desired (circle one): Full-time Part-time Temporary

Are you legally eligible for employment in the U.S.A.? Yes No

If you are under 18 and it is required, can you furnish a work permit? Yes No

Have you ever been employed by Child and Family Services before? Yes No If YES, give dates: _____

If this position requires a license or special certification, please complete the following:

Type of license/certificate _____ License/Certificate # _____ Expiration date _____

Have you ever been convicted of a crime where the record of conviction has not been annulled by a court: Yes No

(Answering yes does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.) If "yes", please provide date(s) and details: _____

EDUCATIONAL BACKGROUND

| Name | City, State | Major | Circle last year completed | Diploma/Degree |
|-------------|-------------|-------|----------------------------|----------------|
| High School | | | 1 2 3 4 | |
| College | | | 1 2 3 4 | |
| College | | | 1 2 3 4 | |

Additional education: _____

Please list any additional skills, professional or technical knowledge, honors or professional achievements that would enhance or support this application for employment. _____

EMPLOYMENT HISTORY

Please provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

Present or last employer

Employer _____ Telephone # (_____) _____

Address _____

Dates of employment _____ Title of position _____ Name & title of supervisor _____

From: _____ Description of duties and significant accomplishments: _____

To: _____

Reason for leaving _____

May we contact for reference? Yes No

Employer _____ Telephone # (_____) _____

Address _____

Dates of employment _____ Title of position _____ Name & title of supervisor _____

From: _____ Description of duties and significant accomplishments: _____

To: _____

Employer _____ Telephone # (_____) _____

Address _____

Dates of employment _____ Title of position _____ Name & title of supervisor _____

From: _____ Description of duties and significant accomplishments: _____

To: _____

Comments (including explanation of any gaps in employment) _____

Have you ever been disciplined by an employer? Yes No

Has your employment ever been terminated, or have you been asked to resign in lieu of termination? Yes No

If yes to either of the above questions, please explain: _____

References

List name, title, employer and telephone number of three (3) business/work related references who are NOT related to you.

1. _____

2. _____

3. _____

CHILD AND FAMILY SERVICES

APPLICANT CONFIRMATION, AUTHORIZATION AND RELEASE

I have read and fully understand the questions asked in this application. I understand and agree that the application is neither an offer of employment nor a contract. I certify that all information I have provided in connection with my application for employment is accurate and complete. I understand that any statement or information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to: (1) cancel further consideration of this application, or (2) immediately discharge me.

I authorize Child and Family Services and its agents and representatives to contact all or any of my past employers, education/academic institutions and references and I authorize them to provide all information requested of them, and release and hold harmless Child and Family Services, and all other entities and persons from liability relating to such matters.

If hired, I understand that my employment is at will, and that it can be terminated without notice or cause, at any time, by me or by Child and Family Services. I understand that any agreement that is contrary to at-will employment status is invalid unless it is in writing and signed by the President of Child and Family Services.

I understand that any offer of employment is conditioned upon a satisfactory background investigation, which may include, without limitation, an investigation and report concerning information in federal, state, and county criminal histories, felony/misdemeanor records, child abuse and neglect registry services, sex offender registries, and motor vehicle records. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING APPLICATION STATEMENT.

Applicant's signature: _____ Date: _____

Applicant's printed name: _____



Child and Family Services



Child and Family Services

103 North State Street
Concord, NH 03301
224-7479

Camp Spaulding Employment Application

Please check the position for which you wish to be considered for employment:

- | | | | |
|--------------------------|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Camp Director | <input type="checkbox"/> | Head Cook |
| <input type="checkbox"/> | Assistant Director | <input type="checkbox"/> | Assistant Cook |
| <input type="checkbox"/> | Registered Nurse | <input type="checkbox"/> | Kitchen / Maintenance |
| <input type="checkbox"/> | Relief Nurse | <input type="checkbox"/> | Pool / Field Specialist |
| <input type="checkbox"/> | Counselor | <input type="checkbox"/> | Arts & Crafts Specialist |
| <input type="checkbox"/> | Outdoor / Canoe Specialist | <input type="checkbox"/> | Counselor in Training |

Name: _____

Date of Birth: ____/____/____

Home Address: _____

Telephone # _____

College Address: _____

Telephone # _____

Driver's License # _____

Soc. Sec. # _____

State _____

Education: List your High School / College and year of graduation. List your current Major and GPA.

School Involvement: List your extracurricular activities at school.

Work Experience: List your employment history, including dates.

Community Volunteer Experience:

If you are applying for a counselor position, please check all areas that you have experience or interest:

- | | | | | |
|--------------------------------------|-----------------------------------|------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Outdoors | <input type="checkbox"/> Music | <input type="checkbox"/> Drama | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Art | <input type="checkbox"/> Camping | <input type="checkbox"/> Dance | <input type="checkbox"/> Story Telling | <input type="checkbox"/> Games |
| <input type="checkbox"/> Woodworking | <input type="checkbox"/> Nature | <input type="checkbox"/> New Games | <input type="checkbox"/> Crafts | <input type="checkbox"/> Other |

References: If you are not a returning camp employee, please submit 3 letters of reference, from employer, teacher and friend.

Personal Statement: Please attach a brief statement to this application explaining why you wish to work at Camp Spaulding and the talents that you bring to Camp.



Child and Family Services

Camp Spaulding Program Description

Founded in 1921 and operated by Child and Family Services since 1944, the camp is unique in providing residential camp primarily to children of low and moderate income families. Although camp is primarily available to children between the ages of 8 and 14 who reside in Merrimack County, limited funding is available for children of other areas of New Hampshire.

Camp Spaulding offers a variety of activities including arts and crafts, drama, nature, archery, fishing, swimming lessons, canoeing, low and high ropes course, field trips, special event days, camp fires and songs. Our newly developed Equine program has added a great deal of excitement to the camp.

This summer approximately 250 New Hampshire families will send over 350 children to Camp Spaulding. There are four 2-week sessions of 100 campers held each summer during July and August. Our adjustable fee scale starts at \$50 for two weeks of residential camp. The majority of children who attend camp are children who come from single parent homes. They are able to attend camp for less than the cost of dinner for three at a local restaurant.

Counselors: The twenty counselors and four specialists that work with the campers are generally college students with majors in the Arts, Human Services, Education, Outdoor Ed., Social Work or Family Studies. Many see camp as a natural extension of their career path, working with at risk children. Several of our counselors come from various countries in Europe, Africa and North America to spend the summer working at Camp Spaulding.

Each cabin of 10 to 12 campers have two counselors assigned. The role of the Counselor is to provide leadership, supervision and develop activities for the campers. The counselors live with the campers in the cabins. Counselors are expected to lead and develop activities throughout the camp session based on the counselor's skills and interests as well as the needs of the camp.

Counselors in Training: Former campers that have shows leadership capability and investment in camp may be invited back as CITs. 15 year olds may return for two sessions, learning the role of the counselor. The following year, they may come for the entire summer and be assigned as co-counselor for a cabin.

CHILD AND FAMILY SERVICES

Camp Spaulding
Employee Information Form

Camp Spaulding
125 River Rd.
Penacook NH 03303

NAME: _____ OFFICE: Camp Spaulding
ADDRESS: _____ PHONE: (home) _____
_____ (work) _____

Whom to call in case of an emergency: *(Please list address and telephone number where the contact person can most easily be reached, ie. business, home, etc.)*

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: (home) _____
_____ (work) _____

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: (home) _____
_____ (work) _____

Please list any specific medical problems that would be helpful to know:

CHILD AND FAMILY SERVICES

Camp Spaulding Health Report Form

Name: _____ Date of Birth: _____

Date of last physical examination: _____

This is to certify that _____, has been examined. In addition, the health history and immunization records have been reviewed. There are no apparent contraindications to he/she being employed in a summer camp program.

Please list exceptions, comments, special problems, allergies, etc.:

The NH regulations governing the safety of youth recreation camps requires every camper and staff member, 28 years of age or younger, shall provide a record of immunization for measles, mumps, rubella, polio, tetanus and diphtheria. Please verify as received and date as appropriate.

- MEASLES Documentation of disease as record of live vaccine received on or after 12 month birthday. _____
- MUMPS Physician statement of disease or vaccine history. _____
- RUBELLA Disease history is not acceptable; must have record of the vaccine or a positive titer. _____
- POLIO At least 3 doses of oral polio vaccine; a fourth required if the third was before the age of four. _____
- TETANUS TOXOID Three or more doses of DTP-DT or TD, a TD booster is required every ten years. Most recent Tetanus, Toxoid immunization. _____
DIPHTHERIA

Signed: _____ M.D. Address: _____

Telephone: _____

CHILD AND FAMILY SERVICES

Camp Spaulding Medical Consent Form

Employee: _____ Date of Birth: _____

Medical Permit: In case of emergency, permission is granted for the above named to receive medical treatment administered by a licensed physician or nurse. I understand the cost of medical care will be the above named 's responsibility or if under the age of 18, the parent or guardian's responsibility. If medical attention is needed, an effort will be made to have the family physician administer the treatment. If required, permission is given for emergency treatment at a local hospital.

Family Physician: _____ Telephone Number: _____

Insurance Information:

Insurance Company: _____ Address: _____

Subscriber's Name: _____

Certificate Number: _____

Group Number: _____

Policy Number: _____

Medicaid:

Subscribers Name: _____

Medicaid Number: _____

I have read the above and agree with the medical permit and therefore sign below:

Signature (Parent if under 18): _____ Date: _____

Witness: _____ Date: _____

CHILD AND FAMILY SERVICES
Camp Spaulding
Applicant Telephone Reference Form

APPLICANT Name: _____

I give Child and Family Services permission to contact the references given below for the purpose of obtaining employment or character information, and release from liability Child and Family Services and/or references listed below for use of any information obtained.

APPLICANT Signature: _____

1) NAME: _____ DATE: _____

ADDRESS: _____ PHONE: (Home) _____

(Work) _____

RELATIONSHIP TO APPLICANT: _____

COMMENTS: _____

2) NAME: _____ DATE: _____

ADDRESS: _____ PHONE: (Home) _____

(Work) _____

RELATIONSHIP TO APPLICANT: _____

COMMENTS: _____

3) NAME: _____ DATE: _____

ADDRESS: _____ PHONE: (Home) _____

(Work) _____

RELATIONSHIP TO APPLICANT: _____

COMMENTS: _____

