



SUMMER 2021 EMPLOYMENT APPLICATION FORM

Mother of Hope Camp

The Corporate Employer promotes equal opportunity in employment recruitment, placement, promotions, demotions, layoffs, training, and compensation and all other conditions and terms of employment without discrimination on the basis of race, color, sex, national origin, age, mental or physical disability or veteran status.

PLEASE PRINT OR TYPE

Date of Application: _____

****PERSONAL INFORMATION****

Last Name: _____ First Name: _____ Middle _____

Permanent Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____ Email Address: _____

****POSITION DESIRED****

Group Counselor Media & Marketing Counselor Lifeguard Maintenance

Additional Duty: Bus Monitor

Are you authorized to work in the U.S.? Yes No _____

If you speak and/or understand another language other than English, please list: _____

****EDUCATION AND SKILLS****

Type Name and Location of School Major Years Completed/Degree Obtained

High School _____

College _____

Graduate School _____

Professional/Trade _____

Additional Education/Training (please describe): _____

Skills/Interests/Talents that could be incorporated in a camp position:

ATTENTION RHODE ISLAND APPLICANTS:

Employer is subject to the Rhode Island Workers' Compensation Act, R.I.G.L. § 28-29-1, et. seq to §28-38-1, et. seq.

****SPECIAL CERTIFICATIONS****

Are you currently certified in any of the following areas? If yes, **please list the expiration date** of your present certification.

First Aid _____ Infant/Child CPR _____ Adult CPR _____ Other _____

Lifeguard/Water Safety _____ Boating/Watercraft Safety _____ Archery _____ Challenge Course _____

****PERSONAL REFERENCES****

Please list individuals who are familiar with your character as it relates to working with youth such as professors, advisors, coaches, etc. **Please DO NOT use family members, peers, or friends.**

Name: _____ Occupation: _____ Telephone Number: _____

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

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

****EMPLOYMENT RECORD****

Begin with the most recent position and include all prior employers in the past ten (10) years. Attach extra sheets or resume if needed. You may choose to include prior volunteer positions. Please indicate which positions were volunteer positions.

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

From (Mo/Yr) _____ To (Mo/Yr) _____

Position: _____

Supervisor: _____ Phone# _____

Reason for leaving: _____

If there are employer(s) whom you prefer we do not contact, please identify and state the reason you do not wish for them to be contacted:

This employer **may** **may not** be contacted.

Reason: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

From (Mo/Yr) _____ To (Mo/Yr) _____

Position: _____

Supervisor: _____ Phone# _____

Reason for leaving: _____

This employer **may** **may not** be contacted.

Reason: _____

Name of Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

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Position: _____

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City: _____ State: _____ Zip: _____

From (Mo/Yr) _____ To (Mo/Yr) _____

Position: _____

Supervisor: _____ Phone# _____

Reason for leaving: _____

This employer **may** **may not** be contacted.

Reason for leaving: _____

AFFIRMATION

- I certify that the information presented in this application form and any attachments hereto are true and complete. I understand that any false statements or omissions are sufficient cause for disqualification or, if hired, discharge.
- I authorize investigation of all statements contained in this application, including permission to contact ALL the references and employers listed.
- I understand that as a condition of employment, I must provide proof of my legal right to live and work in the United States in accordance with the Immigration Act of 1986.
- I understand that the employment application is not a contract of employment. If I am employed I will be an employee at-will, terminable for no reason or any reason at all.
- I understand that if I am offered a position, my continued employment will be contingent upon my passing a criminal background check performed at the employer's expense.
- Some employment may depend upon the results of physical or other pre-employment testing.

x _____
 Signature Date

Thank you for your interest in Mother of Hope Camp!

If you have any questions, please call 401-568-3580 or e-mail motherofhopedaycamp@gmail.com

*****Application packet must include three signed and dated letters of reference from employment or volunteer supervisors, professors, advisors, or coaches. One of the three references must be from a clergy member such as a priest or deacon.**

Please mail application with accompanying reference letters to:

***Mother of Hope Camp
P.O. Box W
Chepachet, RI 02814***

or email complete application packet (application and 3 letters of reference) **as a single PDF file** to:

MOTHEROFHOPEDAYCAMP@GMAILCOM

For Official Use Only:

Interviewed by: _____	Date: _____	Referred from: _____
Reference Check: _____	Date: _____	Notes: _____
Reference Check: _____	Date: _____	Notes: _____
Reference Check: _____	Date: _____	Notes: _____
Date Hired: _____	Position: _____	