



# SUMMER 2017 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 Email Address

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **\*\*POSITION DESIRED\*\***

Group Counselor  Arts/Crafts Counselor  Media 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 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 do not use family members or peer friends*

Please list those who are familiar with your character as it relates to working with youth. **Please include three written letters of reference including one reference letter from a clergy member.**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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 such 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: \_\_\_\_\_

From (Mo/Yr) \_\_\_\_\_ To (Mo/Yr) \_\_\_\_\_

Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone# \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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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: \_\_\_\_\_

**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 [mlosardo@dioceseofprovidence.org](mailto:mlosardo@dioceseofprovidence.org)

Please mail application with references to:  
Mother of Hope Camp  
P.O. Box W  
Chepachet, RI 02814

***For Official Use Only:***

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