



**LICENSURE AND CERTIFICATIONS**

1. State of Licensure \_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_\_\_

2. State of Licensure \_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_\_\_

3. State of Licensure \_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_\_\_

4. State of Licensure \_\_\_\_\_ # \_\_\_\_\_ Exp. Date \_\_\_\_\_

CPR/BCLS Exp. Date \_\_\_\_\_

ACLS/PALS Exp. Date \_\_\_\_\_

List nursing certifications and courses taken:

Course \_\_\_\_\_ Cert. Exp. Date \_\_\_\_\_

Course \_\_\_\_\_ Cert. Exp. Date \_\_\_\_\_

Course \_\_\_\_\_ Cert. Exp. Date \_\_\_\_\_

Course \_\_\_\_\_ Cert. Exp. Date \_\_\_\_\_

**MEDICAL DATE**

General Condition of Health: \_\_\_\_\_ EXECLENT \_\_\_\_\_ GOOD \_\_\_\_\_ POOR \_\_\_\_\_ Last Date of Physical \_\_\_\_\_

Have you had any serious illness, chronic health problems, and/or surgery within the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

Are you currently under a physicians care for any health problem? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Do you have any physical or mental condition which would cause you to be unable to perform or safely perform any of the duties of the position for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

Have you ever applied for or received Workman's Compensation Benefits Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where \_\_\_\_\_

Have you ever suffered from drug or alcohol abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details \_\_\_\_\_

**PERSONAL REFERENCES** (Please do not include relatives).

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Relation to you \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Relation to you \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Relation to you \_\_\_\_\_

Has your license ever been revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Referred to Camp by what source?

Date Available? \_\_\_\_\_

In case of emergency, give the name and phone number of someone who we will always be able to reach:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NARRATIVE

As an employee of Camp ASCCA, you will be participation in programmed recreational activities with handicapped campers and be directly involved with their health care.

1. What previous experiences have you had with handicapped individuals?

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2. State briefly what you feel is the value to disabled people of organized camping and recreation:

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3. State briefly the reason you desire employment with Camp ASCCA:

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4. How do you feel the Camp ASCCA work experience will assist you in meeting you future goals? Please define your goals.

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5. What hobbies/interest do you pursue that could be shared with others?

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**CAMP ASCCA STATEMENT OF POLICY**

Camp ASCCA is an Equal Opportunity/Affirmative Action employer. As such Camp ASCCA pledges to take the necessary action to preclude discrimination in recruiting, employment, training, discipline and/or terminating of employees because of race, color, creed, age, sex, national origin, handicap status, veteran status or other reason in accordance with all applicable state and federal statutes, executive orders and regulations which prohibit discriminatory personnel practices.

**CERTIFICATION OF APPLICANT**

I certify that the information given on this application and in any other supporting documentation, resume, etc., is true and correct. I understand that any false information; willful or negligent misrepresentation; or failure to disclose any requested information will constitute sufficient grounds for Camp ASCCA to terminate my employment without notice. I further understand that Camp ASCCA may perform a pre-employment investigation to determine my suitability for employment and I authorize Camp ASCCA to secure the information necessary to make a decision. I hereby release *from* liability any and all individuals and organizations who provide information to Camp ASCCA concerning my professional competence, ethics, character and other qualifications and authorize my prior employers to release any requested information *from* my personnel files. I further understand that Camp ASCCA will adhere to applicable state and federal statutes concerning the securing of information, handling, utilization and release of information obtained in the pre-employment investigation. I acknowledge by my signature that I have read and understand these statements, and that I authorize Camp ASCCA to contact all references and former and present employers.

\_\_\_\_\_SIGNATURE

\_\_\_\_\_DATE