



# Crooked Creek Christian Camp

2830 Coppock Road, Washington, IA 52353

Phone: 319-653-3611; Email: [info@crookedcreekcamp.org](mailto:info@crookedcreekcamp.org)

Website: [www.crookedcreekcamp.org](http://www.crookedcreekcamp.org)

## Application For Employment

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Are You A U.S. Citizen?

Yes

No

Have You Ever Been Convicted Of A Felony?

Yes

No

Do you have any physical handicaps or conditions preventing you from performing certain types of activities relating to the job you are applying for?

Yes

No

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

If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes

No

Have you ever been convicted of a crime involving children or youth?

Yes

No

Have you ever been convicted of, arrested or accused of child abuse, sexual abuse or sexual harassment?

Yes

No

### Certifications

Please list the expiration date of any of the following certifications you currently hold, *or have had in the past*:

First Aid \_\_\_\_\_ CPR \_\_\_\_\_ ServSafe \_\_\_\_\_

Other applicable certification (name, date) \_\_\_\_\_

### Position

Position You Are Applying For \_\_\_\_\_

Available Start Date \_\_\_\_\_

Desired Pay \_\_\_\_\_

Employment Desired

Full Time

Part Time

Seasonal/Temporary

## Education

School Name	Location	Years Attended	Degree	Major

## References (one reference should be a pastoral reference)

Name	Relationship	Email Address	Phone

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title		Dates Employed
Work Phone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Ending Pay Rate
Address	City	State	Zip

## Signature Disclaimer

The information contained in this form is correct to the best of my knowledge. I authorize any references listed in this application to give Crooked Creek Christian Camp any information they may have regarding my character and fitness for work at camp. I release all references from liability for any damage that may result from furnishing such evaluations to the camp, and I waive any right that I may have to inspect references provided on my behalf. My signature indicates that, if employed, I agree to uphold the mission statement of Crooked Creek Christian Camp and to abide by all camp rules and policies as established by the Camp Administrator and the SIMCA Board of Directors.

Background Authorization Form: During the application process and at any time during the tenure of my employment with Crooked Creek Christian Camp, I hereby authorize a third party, chosen by the Executive Director, to procure a consumer reports record check on behalf of Crooked Creek Christian Camp. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Name (Please Print)

Social Security Number

Date of Birth

Signature

Date

## Policy Agreement

**Crooked Creek Christian Camp** is committed to providing a safe and secure environment for all children, youth, staff and volunteers who participate at camp. The following policy statements reflect camp's commitment to preserving camp as a place for safety and protection for all who would come here.

1. No adult who has been convicted of child abuse (sexual, physical, neglect or emotional) should work with children in any camp-sponsored activity.
2. Any adult survivor who desires to work with children must discuss his/her situation with the Camp Administrator as part of the application process.
3. Adult staff working with children shall observe the "Two-Adult Rule" at all times so that no adult is ever alone with children or youth.
4. Adult staff shall attend training events or read training/educational materials as provided by the camp as related to child abuse prevention.
5. Adult staff shall immediately report to the Administrator any behavior that seems abusive or inappropriate.

As a staff member, can you agree to observe and abide by the policies listed above?

Yes

No

Signature

Date