



STAFF APPLICATION 2016 (RETURNING STAFF)

Please type or print clearly and fill out the application completely.

Return to: Rev. Elizabeth Tester 413 S 2nd St, Watertown, WI 53094
Phone: 920-261-1150 saint413paul.rector@gmail.com FORM DUE by April 15, 2016

Date: _____

Name: _____

Email: _____ T-shirt Size (Adult) S M L XL XXL

Current Address: _____

City, State, Zip: _____

Phone: _____ Cell phone: _____

Permanent Address: _____

City, State, Zip: _____

I am Applying for the position of: (check all that apply)

Counselor Counselor-in-Training (12th grade High School Students)

Can you meet or exceed the minimum age requirements for this position? Yes No

Can you perform the essential functions of the job for which you have applied, with
or without reasonable accommodation? Yes No

If you are hired, would you desire/need housing for any person(s) other than yourself? Yes No

Are you either: (1) a U.S. citizen or, if not, (2) do you currently have lawful employment authorization
which permits you to work for Camp Webb without Camp Webb having to take any action, either upon
employment, or at any date in the future, to ensure or assist you in maintaining lawful employment
authorization to work for the Company? Yes No

If your answer was "Yes," answer the following question:

Are you a student on a temporary visa? Yes No

Proof of authorization to work will be required if you are employed by Camp Webb.

*(Note: Camp Webb is not currently hiring any individuals for whom Camp Webb would have any responsibility for applying for,
or assisting in, any application for employment authorization which would permit lawful employment with us.)*

EDUCATION HISTORY

Since working at Camp Webb last, what other education have you done?

	Name and Location	Did you Graduate	Subjects Studied or Major
College			
Other			

PAST WORK HISTORY

Since working at Camp Webb last, what other jobs have you held?

Dates	Employer/Supervisor	Address & Phone	Nature of work	Reason for Leaving

Indicate any employer you **do not** wish us to contact, and the reason:

OTHER CAMPING, YOUTH MINISTRY, EDUCATION/CHILDCARE OR LEADERSHIP EXPERIENCE

Since working at Camp Webb last, please let us know any about new programs in which you have participated.

Name of Camp/Organization/Church	Type of Participant (camper, staff, etc.)	Dates

SKILLS AND CERTIFICATIONS

In the following list, please fill in the boxes with:

"T" = I can organize and teach

"C" = I am certified - please attach a

*If you are getting certified, please

"A" = I can assist

copy of certification *

note the date you will be certified

- | | | |
|--|---|---------------------------------------|
| Arts/Crafts | Music | Miscellaneous |
| <input type="checkbox"/> drawing/painting | <input type="checkbox"/> instrument(s) (list) _____ | <input type="checkbox"/> fishing |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> singing | <input type="checkbox"/> football |
| Church Related | <input type="checkbox"/> other _____ | <input type="checkbox"/> Frisbee golf |
| <input type="checkbox"/> bible study | <input type="checkbox"/> animals/animal care | <input type="checkbox"/> games |
| <input type="checkbox"/> religious studies | <input type="checkbox"/> environmental studies | <input type="checkbox"/> hiking |
| <input type="checkbox"/> worship services | <input type="checkbox"/> other _____ | <input type="checkbox"/> soccer |
| Health and Safety | Nature | <input type="checkbox"/> volleyball |
| <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> other _____ | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> lifeguarding | Sports/Fitness | Waterfront Activities |
| <input type="checkbox"/> nursing | <input type="checkbox"/> baseball/softball | <input type="checkbox"/> canoeing |
| | <input type="checkbox"/> basketball | <input type="checkbox"/> kayaking |
| | <input type="checkbox"/> ropes/challenge course | <input type="checkbox"/> swimming |
| | | <input type="checkbox"/> other _____ |

AUTHORIZATION FOR REFERENCE CHECK

I am applying for employment with CAMP WEBB. I hereby authorize any and all persons (including any and all employers with whom I have been employed, schools that I have attended and organizations with which I have been connected) to release any and all information they have about me to CAMP WEBB. This includes all of my personnel records with prior employers and any information about my performance during my employment with them and also includes all of my transcripts from any schools that I have attended. I hereby release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to CAMP WEBB from any and all liability for any damage for giving this information.

This Authorization shall remain in effect for a period of one (1) year from the date on which I sign it. A photocopy of this Authorization may be used by CAMP WEBB and shall be as effective as the original.

Applicant's Name [please print] _____

Applicant's Signature _____ Date _____

REFERENCES

References should not be family or friends.

1) Name: _____ Email: _____

Phone: _____ Cell phone: _____

How do you know this reference? _____

2) Name: _____ Email: _____

Phone: _____ Cell phone: _____

How do you know this reference? _____

READ, UNDERSTAND, SIGN AND DATE IF YOU AGREE

I certify that the facts set forth in this application are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions of any kind whatsoever, then CAMP WEBB may deny me employment or terminate my employment, and I agree that CAMP WEBB shall not be liable in any respect if it does so.

I hereby release from any and all liability all representatives of CAMP WEBB for their acts performed in connection with evaluating my application, background, credentials and qualifications. I hereby further authorize any party (including the companies, schools and organizations listed in this application form) to release any information they may have about me to CAMP WEBB. I also release all persons, companies, schools and organizations (and all persons connected with them) who provide such information to CAMP WEBB from any and all liability for any damage for giving this information.

I understand that if I am employed by CAMP WEBB, any such employment is not binding on either party for any specific period of time. I further understand that no representative of CAMP WEBB, other than the **Camp Director**, has any authority to enter into any agreement for employment for any specified period of time. Any such agreement must be in writing and signed by the **Camp Director**. I understand that any other written or oral statement to the contrary, even if made by a supervisor, manager or officer of CAMP WEBB is invalid and should not be relied on by me. I understand that if employed I will be an employee-at-will and that either CAMP WEBB or I may terminate that employment relationship at any time, for any reason, with or without notice.

(Signature of Applicant)

(Date)