



# Camp Catch-Up 2008

## Application for Employment

Send your completed application to: Camp Catch-Up, NCFE, 215 Centennial Mall South, Suite 200, Lincoln, NE 68508 Phone: 402-476-8003, Fax: 402-476-9486

### MISSION STATEMENT:

Camp Catch-Up provides the opportunity for siblings separated in foster care to spend time with each other in a fun, learning environment. At Camp Catch-Up:

- Siblings will have opportunities to grow closer as a family unit through camp activities designed to promote teamwork
- Siblings will have opportunities to gain skills for successful independent living through workshops and camp activities, while enhancing supportive relationships with each other
- Siblings will be treated with respect, dignity, and understanding by all staff and campers

### EMPLOYER'S STATEMENT:

Camp Catch-Up is subject to state and federal equal employment opportunity laws, which prohibit discrimination on the basis of gender, age, disability, race, color, religion, marital status, veteran's status, national or ethnic origin, or sexual orientation. Federal law requires reasonable accommodation of the known disabilities of applications and employees, unless to do so would pose an undue hardship. If you need an accommodation in order to complete the application process, please let us know.

### JOB DESCRIPTIONS:

**\*All Staffs' must be 19+**

**Camp Staff:** Camp Staff will be responsible during the entire camp event for supervising a sibling group of 1-5 children, ages 8-19, consisting of youth currently or formerly in foster care. Camp Staff should have knowledge or experience in child development and working with children who may have behavioral and emotional difficulties. Camp Staff will be expected to participate in the activities along with the children, including but not limited to the following: canoeing, ropes course, crafts, hiking, biking, swimming and roasting marshmallows. Camp Staff will share accommodations with children and other camp staff. Camp Staffs need to be able to do heaving lifting up to 50 lbs.

I have read the above job descriptions and understand the responsibilities for the position applying to . . . . .  Yes  No

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Last First MI

Address \_\_\_\_\_  
(Mailing Address Preferred) Street City State Zip Code

Telephone # (\_\_\_\_) \_\_\_\_\_ Cell/Other # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

### GENERAL INFORMATION

Are you able to work starting at 6pm Thursday, June 26th, 2008 through 1pm Sunday, June 29th, 2008? . . . . .  Yes  No

If you are under 18, and if it is required, can you furnish a work permit? . . . . .  Yes  No

If **no**, please explain. \_\_\_\_\_

Have you ever been employed by Camp Catch-Up before? . . . . .  Yes  No

If **yes**, give dates and positions. \_\_\_\_\_

Are you legally eligible for employment in this country? . . . . .  Yes  No

Answering "yes" to the following question does not constitute an automatic barrier to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? . . . . .  Yes  No

If **yes**, please provide date(s) and details. \_\_\_\_\_

T-Shirt Size (please circle)      Adult: S      M      L      XL      Youth: S      M      L      XL

**EMPLOYMENT HISTORY**

Starting with your most recent employer, provide the following information.

Employer	Telephone # (      )	Dates Employed	/	to	/
Address	City	ST	Zip Code	STARTING WAGE	
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per _____ Other \$ _____
Starting Job Title/Ending Job Title				ENDING WAGE	
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per _____ Other \$ _____
Immediate Supervisor and Title (for most recent position held)	Supervisor Phone (      )		May we contact for reference?		
Why did you leave?					
Summarize the type of work performed and job responsibilities.					

Employer	Telephone # (      )	Dates Employed	/	to	/
Address	City	ST	Zip Code	STARTING WAGE	
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per _____ Other \$ _____
Starting Job Title/Ending Job Title				ENDING WAGE	
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per _____ Other \$ _____
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				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per _____ Other \$ _____
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Why did you leave?					
Summarize the type of work performed and job responsibilities.					

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

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What ages of children/youth do you prefer to work with? Camp Catch-Up Camper ages are 8-19.

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**EDUCATIONAL BACKGROUND**

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

**REFERENCES**

List below the names of three persons not related to you, whom you have known at least one year. Applicants are advised that Camp Catch-Up intends to contact any or all references listed on this application. Please make sure that correct information is given.

Name	Occupation	Relationship to You	Telephone	Number of Years Known
			(    )	
			(    )	
			(    )	

**Additional Information**

Do you have any dietary needs?..... Yes    No

If so, please explain and include any other health concerns we should be aware of,

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How did you find out about Camp Catch-Up?

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**APPLICANT STATEMENT**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that due to the nature of the job, I will need to provide information and give my signed consent for Camp Catch-Up to conduct necessary background checks, upon further consideration of my employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**APPLICATION DEADLINE IS APRIL 1<sup>ST</sup>, 2008.**

Camp Catch-Up 2008 will be held at Covenant Cedars Bible Camp in central Nebraska.

[www.cedars.org](http://www.cedars.org)

**RELEASE OF INFORMATION**

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations, which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

**Nebraska Children and Families Foundation**

(Agency/Facility Requesting Check)

(Address – Street, City)

(Signature of Applicant/Employee)

(Date Signed)

(Printed or Typed Name of Applicant/Employee)

(Social Security Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Names Used in Past Twenty (20) Years  
(Please Print or Type)  
(Use back of sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Addresses in Past Twenty (20) Years  
(Please Print or Type)  
(Use back of sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of Children Who Have Lived With You  
(Please Print or Type)  
(Use back of sheet if necessary)

(Date of Applicant's Birth)

(Home Address of Applicant /City/Zip)

(Witness Signature)

(Date Witnessed)