

explain:

STAFF APPLICATION

SEACAMP ASSOCIATION, INC. 1300 BIG PINE AVENUE BIG PINE KEY, FL 33043 305-872-2331

<u>info@seacamp.org</u> www.seacamp.org www.nhmi.org

Please type or print legibly in ink. Please submit completed application with a current resume. **Personal Information** Name: _____ Date: ____ Current Mailing Address: Current Phone: Email: State Zip Code City Marital Status: _____ # Children: ___ Must family accompany you ___ Social Security: _____ Available from: To: Date of Birth: School is over (if applicable):_____ and begins on:_____ Age:_____ How did you hear about this job?

Gender: Are you SCUBA certified?_____ Highest Certification:_____ # of logged Dives_____ What position(s) are you interested in? (See employment opportunity document) **Previous Camp Experience (Camper or Staff)** Camp Name Director Camper/Staff City State Do you have any impairments, physical or mental, which would interfere with your ability to perform the job for which you have applied?_____ If so , what?___ Have you had any criminal conviction for child abuse or sex related crimes?_____ If yes, explain: Have you been convicted of a felony?_____ If yes,

Personal References

List at least 3 persons, NOT RELATED TO YOU OR LISTED AS PREVIOUS SUPERVISORS BELOW, who have a definite knowledge of your qualifications for the position(s) for which you are applying. Enter the names of former employers, teachers, and/ or co-workers. If additional space is required, please list on a separate sheet of paper and attached to this application.

1. Name:	Position:		Phone:_			
Address:	C	City:St	ate:	_Zip:		
Email:						
2. Name:	Position:		Phone:_			
Address:	C	City:St	ate:	Zip:		
Email:						
3. Name:	Position:		Phone:_			
Address:	C	City:St	ate:	_ Zip:	_	
Email:						
Email: EMPLOYMENT HISTORY AND VERIFICATION						
Company Name: Employment Supervisor*:						
Address:						
Street		City		State		
Employer Email:Employment Dates: From:		_ Phone #:	Do	Fax #:		
Nature of work:		_ 10	FU	Sition		
In this position, did you perform	safety sensitive dutie	es that require a DOT or	USCG drug	and alcohol testing	:	
I authorize the above named	•	-	_	-		
Applicant's Signature:		Applica	nt (Print)			
Company Name:		Employment St	upervisor*:_			
Address:						
Address: Street		City		State	Zip	
Street Employer Email:		City _ Phone #:		Fax #:		
Employer Email:Employment Dates: From:_		City _ Phone #:		Fax #:		
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Please answer the following questions to help us get to know you better.				
(Use additional pages if necessary)				
1.	Briefly explain why you are interested in working in environment	nental education and camp.		
2.	Describe your previous experiences teaching and working wit	h young people.		
3.	What do you consider your main qualifications for the position	n for which you are applying?		
4.	What contributions do you think you can make at camp?			
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application packet for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application packet or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of SEACAMP				
ASSOC	IATION, INC. re of Applicant	Date		

All statements become part of any future employee personnel files. Seacamp Association, Inc. is an equal opportunity employer.