

*Meadowood Springs Speech and Hearing Camp*

**CAMP STAFF APPLICATION FOR EMPLOYMENT**

Please attach a resume or curriculum vitae, letters of recommendation, commendations, awards, publications, press clippings, writing samples or any other documentation you would like us to consider. In addition, please include at least two professional or educational references and at least one personal character reference. Please enclose a photo of yourself (preferred, not required).

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you over 18 years of age: \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Phone, Day \_\_\_\_\_ Evening \_\_\_\_\_

Phone, Message \_\_\_\_\_ Pager \_\_\_\_\_

Fax \_\_\_\_\_ Cellular \_\_\_\_\_

Permanent Phone No. \_\_\_\_\_

E-mail \_\_\_\_\_

Person to notify in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Your Ins. Co.: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Position(s) for which you are applying \_\_\_\_\_

Have you been charged and/or convicted of any crime, including sex-related or child abuse-related offenses?

No \_\_\_\_\_ Yes - If yes, please explain: \_\_\_\_\_

**\*\* If hired, you will be required to provide employer with a current criminal background check.**

Do you smoke? \_\_\_\_\_ Yes \_\_\_\_\_ No

Shirt size \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL

Do you have a physical limitation or health problem(s) that will limit your activities at camp?

Yes  No If yes, explain: \_\_\_\_\_

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

Do you have any special needs (example: vegetarian food requirements, etc.)

Yes  No If yes, explain: \_\_\_\_\_

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

Talents, hobbies, memberships, associations, etc.: \_\_\_\_\_

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

**EDUCATION**

Name and location of High School \_\_\_\_\_

Junior  Senior  Graduate (Year \_\_\_\_\_)  GED (Year \_\_\_\_\_)

School now attending: \_\_\_\_\_ Number of years: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Degree(s) held: \_\_\_\_\_

Other education and training \_\_\_\_\_

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

Please list continuing education workshop(s), conferences, and/or other seminars you attended in the past year: \_\_\_\_\_

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

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

Please list experience working with children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any knowledge regarding special needs children and the care they require?

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List previous camp experience:

Type/Name of Camp: \_\_\_\_\_

Year(s) There: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you sign?  Yes  No

If yes, sign language training and proficiency level (not required) \_\_\_\_\_  
\_\_\_\_\_

Do you have current:  First Aid  CPR  EMT or First Responder  R.N.  
 Lifeguard  WSI Other \_\_\_\_\_ Other \_\_\_\_\_

(Enclose copies)

**EMPLOYMENT**

Current employer \_\_\_\_\_

Dates of employment \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor, title \_\_\_\_\_

Your title and duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Previous employer \_\_\_\_\_

Dates of employment \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor, title \_\_\_\_\_

Your title and duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Previous employer \_\_\_\_\_

Dates of employment \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Supervisor, title \_\_\_\_\_

Your title and duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**REFERENCES** (Minimum of two professional/educational references and one character reference)

Name, Title and Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name, Title and Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name, Title and Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name, Title and Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name, Title and Firm \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Why do you want to work at Meadowood Springs Speech and Hearing Camp?  
(What=s in it for you?)**

**What can you contribute to Meadowood Springs Speech and Hearing Camp?  
(What's in it for us?)**

The information herein is complete and correct to the best of my knowledge. I authorize The Institute for Rehabilitation, Research and Recreation, Inc. (IRRRRI) to appropriately investigate my background including, but not limited to, interviewing my references, current and previous employers. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that I am required to abide by all rules and regulations of the employer.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return completed application to:**

**Meadowood Springs Speech & Hearing Camp  
Post Office Box 1025  
Pendleton, Oregon 97801-0030  
(541) 276-2752 / (541) 276-7227 - Fax  
E-mail: meadowood@oregontrail.net**