

CampCo School Year Employment Application

Please complete the following application and email to:
Form updated 2/3/22

CampCo
Day Camps
Sylvia@
CampcoDayCamps.com
(949) 643-9008

Personal Information

Name: _____
Last First MI
(____) _____ (____) _____ SSN: _____
Phone 1 Phone 2

Email: _____

Local Address: _____
Street Address Apartment #

City State Zip

Have you interviewed with CampCo in the past? Yes ___ No ___

If yes, for what position and approximately when did you interview? _____

How many hours per week would you ideally like to work? _____

Due to California Laws & Regulations Relating to Organized Camps, some positions require staff of a minimum age.

Are you or will you be 18 years old by the first day of the program? Yes ___ No ___

If you turn 18 over the school year, what date? _____

Are you or will you be 21 years old by the first day of the program? Yes ___ No ___

Are you or will you be 25 years old by the first day of the program? Yes ___ No ___

Education

High School
_____ School Name
_____ City
Highest Grade Completed or Expected to Complete as of first day of CampCo program: 9th ___ 10th ___ 11th ___ 12th ___

College
_____ School Name
_____ City
_____ Area of Study/Major
_____ # of Units Completed
Degree? Yes ___ No ___

College
_____ School Name
_____ City
_____ Area of Study/Major
_____ # of Units Completed
Degree? Yes ___ No ___

Name: _____

Employment History: List most recent or current employer first.

Employer _____	Salary _____
Job Title _____	
Summary of Duties _____ _____	
Dates Worked _____	Reason for Leaving _____
Supervisor _____	Phone (_____) _____
May We Contact? Yes No Why:	
Employer _____	Salary _____
Job Title _____	
Summary of Duties _____ _____	
Dates Worked _____	Reason for Leaving _____
Supervisor _____	Phone (_____) _____
Employer _____	Salary _____
Job Title _____	
Summary of Duties _____ _____	
Dates Worked _____	Reason for Leaving _____
Supervisor _____	Phone (_____) _____

References: List at least 2 references other than employers listed above, who are NOT RELATED TO YOU, who can tell us about your qualifications, responsibility level, etc... (These people might be a professor, co-worker, etc...)

Reference Name	How do you know them?	Phone

Name: _____

Special Skills

List special skills that you may have that may be helpful in working with children. Examples: speak a 2nd language, art classes, sports activities, etc...

Tell us about your experiences working with children

Swimming Skill Level

What is your swimming skill level & comfort? Are you at a swimming skill level that you can comfortably swim twice the length of a standard swimming pool? Are you comfortable swimming in a lake? Are you comfortable swimming in water 6 feet or deeper? Do you have any water/lifesaving certifications?

Have you been convicted of any felony, including, but not limited to sex-related crimes against a child or child abuse? YES ___ NO ___

If yes, explain below.

Certifications

CPR Yes ___ No ___ Date Expires: _____	First Aid Yes ___ No ___ Date Expires: _____	Other Certifications _____ _____ _____
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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I agree to being fingerprinted and undergoing Reference, Department of Justice and FBI background checks.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Applicant's Signature

Date

Name: _____

CampCo Day Camps

School Year Job Application-Availability Questionnaire

Please FULLY complete the questions below and submit questionnaire with your job application.

Please be thorough, as it helps us to determine at which camp your availability might fit best.

1. What is the first date you are available for work? _____
2. What is the last date you are available to work? _____
3. What days & times are regularly available to work during the upcoming School Year?
If no, explain beside.

Mondays: Yes ___ No ___ _____

Tuesdays: Yes ___ No ___ _____

Wednesdays: Yes ___ No ___ _____

Thursdays: Yes ___ No ___ _____

Fridays: Yes ___ No ___ _____

4. School Year Vacations & Commitments: Considering family vacations, school, social activities, etc... what dates would you be unavailable to work?

ex. "Family Vacation: April 4-10. Girl Scout Camping Trip: December 12-15"

5. Would you be interested in full or part-time, summer camp work? If yes, what is your expected availability on weekdays between 7:15am – 6:15pm during upcoming summer?

Yes ___ No ___ _____

6. Is there anything else you would like to add?

I certify that the facts contained in this CampCo Employment Application-Availability Questionnaire are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this Questionnaire shall be grounds for dismissal.

Applicant's Signature

Date

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