

**Greenough Scout Reservation
Yarmouth Port, Massachusetts**

APPLICATION FOR POSITION



Please read CAREFULLY before proceeding and then fill out completely, including the names, **complete** addresses and phone numbers of references. Applicants are not required to give any information on this form that is prohibited by Federal, State or Local Law.

Applicants are considered for all positions without regard to Race, Color, Religion, Sex, National Origin or the presence of a health problem or handicap that is unrelated to the person's ability to perform the job assigned.

Applicants accepted for employment are hired on a temporary basis and employment is based upon the continued satisfaction and needs of the facility, and may be terminated on written notice by the Director. Any decision in this regard will be final.

PLEASE PRINT CLEARLY

Last Name: _____ First (Full) Name: _____

Social Security #: _____ — _____ — _____ Home Telephone: (_____) _____

Home Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Age as of **JULY 1st**: _____ Date of Birth: M ____ D ____ Y ____ Telephone: (_____) _____

If you are a student - School: _____

Major subjects of study: _____

If you are now or have been employed - when, where, occupation: _____

Have you ever been convicted of a felony? (You may answer "NO" if your conviction has been ordered sealed, expunged or eradicated.)
_____ Yes _____ No. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered, including what you were convicted of and how long ago. Please provide complete information about the conviction by attaching a separate statement. Are you permitted to become lawfully employed in this country? _____ Yes _____ No. (Proof of citizenship or immigration status will be required upon employment.)

Do you have any physical disabilities, which might interfere with performance of the job, for which you are applying? _____ Yes _____ No.

If so, please explain: _____

FOR OFFICE USE ONLY

Camp Position: _____ **Salary:** \$ _____

Employment: Starting Date: _____ Finishing Date: _____

Date Contract Sent: _____ **Date Contract Returned:** _____

References: 1. _____ 2. _____ 3. _____

Working Papers Received: _____ **Medical Form Received:** _____ Y _____ N

Driver's License: _____ **Employment Documents Received:** I-9 _____ W-4 _____

Certifications : CPR: _____ FR: _____ SLG: _____ NCS: _____ NRA: _____ BLS: _____ EMT: _____ WSI: _____

PREVIOUS CAMPER EXPERIENCE

When: _____ Where: _____ Type of Camp: _____

When: _____ Where: _____ Type of Camp: _____

When: _____ Where: _____ Type of Camp: _____

PREVIOUS CAMP STAFF EXPERIENCE

When: _____ Where: _____ Type of Camp: _____ Position held: _____

When: _____ Where: _____ Type of Camp: _____ Position held: _____

When: _____ Where: _____ Type of Camp: _____ Position held: _____

List your preferences for program and staff positions (C – Cub day camp, N- North Star, M – Maritime, JT - Jr. Tech)

- 1. First choice _____ (C N M JT)
- 2. Second choice _____ (C N M JT)
- 3. Third choice _____ (C N M JT)

CURRENT CERTIFICATIONS

(Please check those that apply)

NRA Instructor: _____ / Expiration Date: _____ NCS: _____ / Expiration Date: _____

American Red Cross Water Safety Instructor: _____ / Expiration Date: _____

Scout Lifeguard: _____ / Expiration Date: _____

ARC Senior or Advance Lifesaving or Equal: _____ / Expiration Date: _____ CPR: _____ / Expiration Date: _____

EMT: _____ / Expiration Date: _____ CAR/ BLS: _____ / Expiration Date: _____

Standard First Aid: _____ / Expiration Date: _____ Other: _____

List three personal references who are not relatives.

Name: _____ Telephone Number: (_____) _____

Name: _____ Telephone Number: (_____) _____

Name: _____ Telephone Number: (_____) _____

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize my previous employers, schools and other references to furnish the information requested. I hereby declare that the information provided by me in this application for employment is accurate and complete to the best of my knowledge. I understand that any falsification or misrepresentation in the application is cause for discharge.

APPLICANT'S SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT/ GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE

Please mail completed application to: Cape Cod & Islands Council, 247 Willow St., Yarmouth Port, MA 02675