

**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, Gender, 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.

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**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: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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**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 preferences for program and position (Cub day camp; North Star; Maritime, Ultimate Greenough)**

1. First choice \_\_\_\_\_ ( C N M UG )

2. Second choice \_\_\_\_\_ ( C N M UG )

3. Third choice \_\_\_\_\_ ( C N M UG )

**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 DATE: \_\_\_\_\_

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