

East Side Neighborhood Services



Employment Application

Camp Bovey Staff

1700 Second Street Northeast
Minneapolis, MN 55413

Date Received: _____

Personal

Last Name:	First Name:	Middle Name:	Date:
Street Address:			Home Phone: Cell Phone:
City, State, Zip:			E-mail Address:
Have you ever applied for employment with us? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Starting and Ending Dates: Position:			
Position Applying for:			Pay Expected:
How did you learn about the position?:			Seeking Full Time or Part Time Employment?
Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			Date you are available to begin work:

Education

<i>School</i>	<i>Name and Location of School</i>	<i>Course of Study</i>	<i># of Years Completed</i>	<i>Did you graduate? YES/NO</i>	<i>Degree or Diploma</i>
College					
Technical/Trade School					
High School					
Other					
Other special training or skills (language, computer, etc):					
Are you planning to pursue further studies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please describe what, when and where:					
Please list Membership in Professional or Civic Organizations:					

Employment (start with current or most recent employer)

Organization/Company Name:	Employed (month and year) From: To:
Address:	Hourly Pay Starting: Ending:
Name of Supervisor:	Telephone:
Job Title: Description of Work:	Reason for Leaving:
Organization/Company Name:	Employed (month and year) From: To:
Address:	Hourly Pay Starting: Ending:
Name of Supervisor:	Telephone:
Job Title: Description of Work:	Reason for Leaving:
Organization/Company Name:	Employed (month and year) From: To:
Address:	Hourly Pay Starting: Ending:
Name of Supervisor:	Telephone:
Job Title: Description of Work:	Reason for Leaving:

Volunteer Experience/Unpaid Work (start with current or most recent)

Organization/Company Name:	Volunteered (month and year) From: To:
Address:	Telephone:
Name of Supervisor:	Reason for Volunteering:
Job Title: Description of Work:	Reason for Leaving:

Volunteer Experience/Unpaid Work, cont.

Organization/Company Name:	Volunteered (month and year) From: To:
Address:	Telephone:
Name of Supervisor:	Reason for Volunteering:
Job Title: Description of Work:	Reason for Leaving:
May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Qualifications

Please state why you are interested in working for this agency in the position that you have applied for. Please list the skills; abilities and interests, which you feel particularly, qualify you for this position.

References (Please list three references—at least one professional and one personal. If you have previous experience as a camp staff member at least one reference should be from a camp director or administrator.)

Name:	Address:	Phone:	Relationship:
Name:	Address:	Phone:	Relationship:
Name:	Address:	Phone:	Relationship:

Current Certifications

Please check the box of any current certifications you have and indicate the issuing authority and expiration date.

Certificate Title	Issuer and Expiration Date
<input type="checkbox"/> First Aid	
<input type="checkbox"/> CPR	
<input type="checkbox"/> CPR for the Professional Rescuer	
<input type="checkbox"/> Lifeguard	
<input type="checkbox"/> WSI	
<input type="checkbox"/> Archery	
<input type="checkbox"/> Small Craft Safety	
<input type="checkbox"/> ServSafe	

Skills Assessment (Please rate your skill development.)

Please rate the following skills. Mark "I" indicating your interest in learning more about the skill or "E" indicating you already have experience with the skill.

- _____ Singing
- _____ Row Boating
- _____ Dance
- _____ Animal Habitats
- _____ Reading
- _____ Team Sports
- _____ Outdoor Cooking
- _____ Campfire Building
- _____ Canoeing
- _____ Drama
- _____ Gardening
- _____ Astronomy
- _____ Creative Writing
- _____ Fishing
- _____ Tree/Plant Identification
- _____ Knots
- _____ Crafts
- _____ Bird Watching
- _____ Meteorology
- _____ Guitar
- _____ Leadership Development
- _____ Sign Language
- _____ Map and Compass
- _____ Animal Tracks
- _____ Water Aerobics
- _____ Drawing/Painting
- _____ Swimming

_____ Foreign Language (Please Specify):

_____ Other:

AUTHORIZATION AND ACKNOWLEDGEMENT

I authorize an inquiry to be made on the information in this application if I am considered for employment.

Former employers and educational institutions named herein are authorized to give information about me. I hereby release them from all liability for issuing such information. I hereby waive any privilege to such information.

I understand that any offer of employment with ESNS may be conditioned on my undergoing a physical examination, including a medical history where necessary, for the purpose of determining my capability to perform the job, pursuant to Agency policy and applicable law. I further understand that any offer of employment with ESNS may be conditioned on my undergoing a drug and alcohol test, and that if employed, I may be subject to future drug and alcohol test, pursuant to Agency policy and applicable law.

I understand that if hired, any offer of employment is contingent on the results of the BCA (Bureau of Criminal Apprehension) background check and that employment is conditional upon a criminal record history acceptable to East Side Neighborhood Services, Inc. (HR 5-1)

I understand and acknowledge that if any misrepresentation or omission of material facts have been made by me or the results of any investigation are not satisfactory for any reason, any consideration, offer, or actual employment by the company may be terminated immediately without obligation or liability to me other than payment at the rate agreed upon, for services actually rendered, if I had been employed.

I understand that nothing contained in this employment application or in the granting of an interview, and Agency policies, guidelines, or handbooks that I might receive, are intended to create an employment contract between the Agency and myself for either employment or for the providing of any benefit. No promises of employment have been made to me and I understand that no such promise or guarantee is binding upon ESNS unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that ESNS retains a similar right.

By "signing and dating" (by typing your name and date below), I agree to the above terms.

Applicant's Signature: _____

Date: _____

East Side Neighborhood Service, Inc. (ESNS) does not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, ancestry, sex, marital status, status with regard to public assistance, age, disability, or other protected class status. The information obtained on this application will be used solely for purposes, which are consistent with ESNS policies and applicable law. ESNS is an Equal Opportunity Employer.

Position Applying For: _____

Date: _____

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only.

SUBMISSION OF INFORMATION IS VOLUNTARY

No one in the employment process will have access to the information provided below. It will not affect you as an applicant, will not be given to anyone who makes hiring decisions and will not be placed in your personal file if you are hired. The information will be strictly confidential for use by the EEO/Affirmative Action Planning Division for internal audit of employments practices and to meet federal fair employment regulation reporting requirements. Your cooperation and assistance in our efforts to ensure equal employment opportunity is appreciated.

I decline to provide personal information regarding race, sex, veteran status or disability even though I understand this information will not be available to anyone making hiring decisions and is to be used only in confidential manner in order to comply with fair employment regulations and ensure equality in employment opportunity for all persons.

ETHNICITY – CHECK ONE:

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Mixed
(two or more races) |

HANDICAP – CHECK ONE IF APPROPRIATE:

- | | | |
|-------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Coordination | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Mental/Psychological | |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Sight | |

VETERAN – CHECK ONE IF APPROPRIATE:

- | | |
|--|---|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran |
|--|---|

SEX – CHECK ONE:

- | | |
|---------------------------------|-------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Male |
|---------------------------------|-------------------------------|