



## **Employment Application Packet**

Thank you for showing interest in working at Pacific Camps!

**Our mission is to build individual relationships with children to bring them and their families into a relationship with Jesus Christ. We seek to accomplish our mission by enriching the lives of children through quality recreational child care programs and enhanced family provider services.**

**Please return your completed application with the following:**

- 1. A current color photo. (Within the last 6 months)**
- 2. A color copy of your driver's license**
- 3. A color copy of your Social Security Card**
- 4. Academic Transcripts (for ECE eligibility/verification)**
- 5. A color copy of Pediatric First Aid or California Child Care First Aid Card**
- 6. A color copy of your Adult/Child/Infant CPR Card**

You can return your completed packet to any Pacific Camps locations. Once your complete packet is turned in, it will be reviewed. One of our directors will contact you to set up an interview if a position is available. If you have any questions please call 805-445-9469

**Pacific Camp Family Resource, Inc.**

**Employment Application**

Revised 3/26/09

**Personal Information:**

Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_/\_\_\_/\_\_\_ Cell Phone \_\_\_/\_\_\_/\_\_\_ Work Phone \_\_\_/\_\_\_/\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ (optional) Email \_\_\_\_\_

Emergency Contact Name and Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Education and Personal History-** Transcripts are required to be turned in with your application.

High School _____	Did you graduate? Yes No
College _____	Did you graduate? Yes No
Number of years in college _____	Number of units completed _____
Area of study _____	Degree received? Yes No
Degree received _____	

**Long Term Vocational Objectives**

List any long term vocational objectives you may have: \_\_\_\_\_  
\_\_\_\_\_

List any experience, training or other activities that have prepared you to work with children: \_\_\_\_\_  
\_\_\_\_\_

What position are you applying for? \_\_\_\_\_

Why do you want to work for Pacific Camp Family Resource? \_\_\_\_\_  
\_\_\_\_\_

What church do you belong to? \_\_\_\_\_

How often do you attend? \_\_\_\_\_

**Drug Policy**

Have you ever used illegal drugs? \_\_\_\_\_ Have you ever used alcohol? \_\_\_\_\_ How recent? \_\_\_\_\_  
Are you currently using illegal drugs? \_\_\_\_\_ Are you currently using alcohol? \_\_\_\_\_  
\*Pacific Camp Family Resource maintains a zero drug policy and if caught using illegal drugs or alcohol, an employee may be terminated immediately. Pacific Camp Family Resource reserves the right to randomly drug test any and all employees at its discretion.

-----Office Use Only-----

Photo \_\_\_\_\_ Driver's Lic. \_\_\_\_\_ Transcripts \_\_\_\_\_ First Aid \_\_\_\_\_ CPR \_\_\_\_\_  
Received by \_\_\_\_\_ Date received \_\_\_\_\_

**Employment Information**

**Programs-please mark all you are interested in**

Before school     After school     Kindergarten     Summer Day Camp     Preschool

**Availability**

Please check the days you are able to work:     Mon     Tues     Wed     Thurs     Fri     Sat     Sun

Please list the hours you are available to work:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Driving- Please bring your driver's license**

Do you have a valid driver's license?    Yes    No    State \_\_\_\_\_

Do you have a commercial driver's license?    Yes    No

**First Aid/CPR/Lifeguard**

Have you been trained in First Aid    Yes    No    Do you have a current First Aid card? \_\_\_\_\_ Expires \_\_\_\_\_

Have you been trained in A/C/I CPR    Yes    No    Do you have a current A/C/I CPR card? \_\_\_\_\_ Expires \_\_\_\_\_

Have you been trained in lifeguarding    Yes    No    Do you have a current lifeguard card? \_\_\_\_\_

If no, are you willing to be trained in these areas? \_\_\_\_\_

**Background Checks**

All employees who work for Pacific Camp Family Resource MUST agree to have a Background Check done regarding prior employment and convictions. This means fingerprints will be taken and sent to the State of California for verification of no offenses on record regarding children i.e. child molestation, endangerment etc.

Do you agree to have a background check done?    Yes    No

It is the policy of Pacific Camp Family Resource to prohibit all forms of harassment by our employees. This includes sexual, racial, religious and other forms of harassment. Have you ever been accused of harassment of any person including, but not limited to, workplace harassment?    Yes    No

(Note: a prior accusation is not an automatic bar to employment. The type of accusation and when it occurred will be evaluated before any decision is made.)

If you answered yes", explain: \_\_\_\_\_

Have you ever been convicted of a crime regardless of whether that conviction resulted in a sentence, suspended sentence, probation, or other resolution following a plea, verdict, or other finding of guilt? In responding to this question, do not include arrests that did not lead to conviction, convictions that are more than two years old for any violation of California Health & Safety Code section 11357 (possession of not more than 28.5 grams of marijuana), or any participation in or referral to a pre-trial or post-trial diversion program. An affirmative response to this question will not result in your automatic disqualification from employment.

Yes                      No

If yes, state nature of the crime(s), when and where convicted and disposition of the case: \_\_\_\_\_

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

*(Note: No applicant will be denied employment solely on the grounds of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

I authorize investigation of all statement herein, including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that if employed I will be an at-will employee unless there is an agreement to the contrary, and I further understand that any such agreement must be in writing and signed by the executive director. I also understand that untrue, misleading or omitted information herein or in other documents completed by me as an applicant may result in dismissal, regardless of the time of discovery by the camp.

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Work Experience—last 5 years minimum***

**Dates worked:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Company/business name-include name, address and phone

\_\_\_\_\_  
Name/names of immediate supervisors:

\_\_\_\_\_  
Job duties-be as specific as possible: \_\_\_\_\_

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

\_\_\_\_\_  
**Dates worked:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Company/business name-include name, address and phone

\_\_\_\_\_  
Name/names of immediate supervisors: \_\_\_\_\_

\_\_\_\_\_  
Job duties-be as specific as possible: \_\_\_\_\_

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

\_\_\_\_\_  
**Dates worked:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Company/business name-include name, address and phone

\_\_\_\_\_  
Name/names of immediate supervisors: \_\_\_\_\_

\_\_\_\_\_  
Job duties-be as specific as possible: \_\_\_\_\_

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

Approximately how many days were you off work due to illness during the past year? \_\_\_\_\_

Do you have reliable transportation to get to and from work each day? \_\_\_\_\_

If not, please explain your circumstance: \_\_\_\_\_

\_\_\_\_\_

***Health History***

Have you received immunizations (DPT, Polio, MMR, Hib Etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_

***If not, please explain:*** \_\_\_\_\_

Please list any physical limitations or special conditions you have: \_\_\_\_\_

Please list any allergies you have and any allergic reactions such as bee strings etc.: \_\_\_\_\_

**IN CASE OF EMERGENCY, PACIFIC CAMP FAMILY RESOURCE WILL TAKE APPROPRIATE AND REASONABLE ACTION, UNDER THE CIRCUMSTANCES, FOR YOUR WELFARE.**

If you have a preferred physician in the case of emergency, please list below

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**PACIFIC CAMPS IS NOT RESPONSIBLE FOR THE PAYMENT OF PHYSICIAN'S FEES OR EXPENSES, WHICH MAY OCCUR AS A NON-WORK RELATED INJURY.**

Insurance Company: \_\_\_\_\_

Policy Number \_\_\_\_\_ Plan Number \_\_\_\_\_ Group Number \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

***Spiritual Information***

Briefly describe your experience in becoming a Christian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your current personal walk with God and devotional life: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*In this area or on back of this page, please describe how you would lead a child to Christ.

*The following are common activities at Pacific Camp Family Resource camps. Please mark the appropriate boxes of those you can teach and/or assist in:*

**Adventure/Challenge**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Teach a ropes course  | <input type="checkbox"/> Teach a rock climbing  | <input type="checkbox"/> Teach _____  |
| <input type="checkbox"/> Assist a ropes course | <input type="checkbox"/> Assist a rock climbing | <input type="checkbox"/> Assist _____ |

**Arts/Crafts**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Teach clay art    | <input type="checkbox"/> Teach drawing/painting  | <input type="checkbox"/> Teach leather craft  |
| <input type="checkbox"/> Assist clay art   | <input type="checkbox"/> Assist drawing/painting | <input type="checkbox"/> Assist leather craft |
| <input type="checkbox"/> Teach metal work  | <input type="checkbox"/> Teach photography       | <input type="checkbox"/> Teach woodworking    |
| <input type="checkbox"/> Assist metal work | <input type="checkbox"/> Assist photography      | <input type="checkbox"/> Assist woodworking   |

**Dance/Gymnastics/Drama**

- |                                       |  |                                       |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Teach dance  | <input type="checkbox"/> Teach gymnastics  | <input type="checkbox"/> Teach drama  |
| <input type="checkbox"/> Assist dance | <input type="checkbox"/> Assist gymnastics | <input type="checkbox"/> Assist drama |

**Music**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Teach singing  | <input type="checkbox"/> Teach an instrument (type) _____  | <input type="checkbox"/> Teaching sign language  |
| <input type="checkbox"/> Assist singing | <input type="checkbox"/> Assist an instrument (type) _____ | <input type="checkbox"/> Assisting sign language |

**Nature**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Teach animal care             | <input type="checkbox"/> Teach bird care/watching  | <input type="checkbox"/> Teach nature arts  |
| <input type="checkbox"/> Assist animal care            | <input type="checkbox"/> Assist bird care/watching | <input type="checkbox"/> Assist nature arts |
| <input type="checkbox"/> Teach environmental studies   | <input type="checkbox"/> Teach insect studies      | <input type="checkbox"/> Teach gardening    |
| <input type="checkbox"/> Assist environmental studies  | <input type="checkbox"/> Assist insect studies     | <input type="checkbox"/> Assist gardening   |
| <input type="checkbox"/> Teach rocks/minerals studies  | <input type="checkbox"/> Teach _____               |   |
| <input type="checkbox"/> Assist rocks/minerals studies | <input type="checkbox"/> Assist _____              |   |

**Sports/Fitness**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Teach aerobics        | <input type="checkbox"/> Teach archery  | <input type="checkbox"/> Teach baseball      | <input type="checkbox"/> Teach basketball    |
| <input type="checkbox"/> Assist aerobics       | <input type="checkbox"/> Assist archery | <input type="checkbox"/> Assist baseball     | <input type="checkbox"/> Assist basketball   |
| <input type="checkbox"/> Teach football        | <input type="checkbox"/> Teach golf     | <input type="checkbox"/> Teach field hockey  | <input type="checkbox"/> Teach martial arts  |
| <input type="checkbox"/> Assist football       | <input type="checkbox"/> Assist golf    | <input type="checkbox"/> Assist field hockey | <input type="checkbox"/> Assist martial arts |
| <input type="checkbox"/> Teach inline skating  | <input type="checkbox"/> Teach soccer   | <input type="checkbox"/> Teach tennis        | <input type="checkbox"/> Teach volleyball    |
| <input type="checkbox"/> Assist inline skating | <input type="checkbox"/> Assist soccer  | <input type="checkbox"/> Assist tennis       | <input type="checkbox"/> Assist volleyball   |

Miscellaneous skills/courses you are interested in teaching and/or assisting: \_\_\_\_\_

In the following list, please mark those items in which you have experience and skills.

**Business/Administration**

- |  |  |
|--|--|
| <input type="checkbox"/> Certified in bookkeeping/accounting   | <input type="checkbox"/> Certified in computer/computer software   |
| <input type="checkbox"/> Experienced in bookkeeping/accounting | <input type="checkbox"/> Experienced in computer/computer software |

**Health/Safety**

- Certified in Adult/Child/Infant CPR
- Certified in lifeguard

- Certified in Pediatric First Aid / California Child Care First Aid
- certified in nursing

**Maintenance**

- Certified in auto mechanics
- Experienced in auto mechanics

- Certified in carpentry
- Experienced in carpentry

- Certified in electrical
- Experienced in electrical

- Certified in plumbing
- Experienced in plumbing

**References**

Ask 3 people to supply personal references for you. One person should be a church leader, one a previous employer and the third person may be your choice. When they have completed one of the attached forms, please have them mail it or bring to:

***Pacific Camps Family Resource, Inc.  
360 Mobil Avenue Suite #107  
Camarillo, CA 93010***

I certify the information contained in this application is correct to the best of my knowledge and understand any omission or erroneous information is grounds for dismissal in accordance with the policy of this employer. I authorize the references listed below to give any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing it to you.

***Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

Please list the 3 people along with their phone number and relationship to you who will supply your references:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

***Pacific Camp Family Resource, Inc.***  
***Confidential Reference Form***

\_\_\_\_\_ is applying for a staff position at Pacific Camp Family Resource and is asking you to supply reference.

How long have you know the applicant? \_\_\_\_\_

What type of relationship do you hold with the applicant? \_\_\_\_\_

Have you noticed any physical or emotional problems that would hinder the applicant in an intensive environment working under pressure? If so, please explain. \_\_\_\_\_

If you have observed the applicant in a working environment, interacting with children, briefly describe. \_\_\_\_\_

What are the applicant's (a) strengths and (b) weaknesses?

(A) \_\_\_\_\_

(B) \_\_\_\_\_

***Personal Traits***

Please briefly describe the applicant's demonstration of the following qualities either from observation in a work environment or through personal experience. **\*Please be as specific as possible and give practical examples when able.**

**Spiritual life**

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

**Responsibility**

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

**Leadership**

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

**Cooperation**

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**Initiative**

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**Personal Appearance**

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**Dependability**

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Thank you for supplying Pacific Camp Family Resource Inc. with reference information on the above applicant.  
Please mail the completed form to: Pacific Camp Family Resource  
360 Mobil Avenue Suite #107  
Camarillo, CA 93010

Please take just a few more minutes to complete the following information on yourself.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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***Confidential Reference***

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\_\_\_\_\_

If you have observed the applicant in a working environment, interacting with children, briefly describe. \_\_\_\_\_

\_\_\_\_\_

What are the applicant's (a) strengths and (b) weaknesses?

(A) \_\_\_\_\_

\_\_\_\_\_

(B) \_\_\_\_\_

\_\_\_\_\_

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**Spiritual life**

\_\_\_\_\_

\_\_\_\_\_

**Responsibility**

\_\_\_\_\_

\_\_\_\_\_

**Leadership**

\_\_\_\_\_

\_\_\_\_\_

**Cooperation**

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**Initiative**

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**Personal Appearance**

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**Dependability**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

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How long have you know the applicant? \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

What are the applicant's (a) strengths and (b) weaknesses?

(A) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(B) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Personal Traits***

Please briefly describe the applicant's demonstration of the following qualities either from observation in a work environment or through personal experience. **\*Please be as specific as possible and give practical examples when able.**

**Spiritual life**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Responsibility**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Leadership**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cooperation**

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**Initiative**

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**Personal Appearance**

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**Dependability**

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Camarillo, CA 93010

Please take just a few more minutes to complete the following information on yourself.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_