



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. Academic Transcripts (for ECE eligibility/verification)**
- 4. A color copy of Pediatric First Aid or California Child Care First Aid Card**
- 5. 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.
Returning Employment Application

Revised 4/13/09

Personal Information

Date: ___/___/___

Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone ___/___/___ Cell Phone ___/___/___ Work Phone ___/___/___

Birth Date ___/___/___ (optional) Email _____

Emergency Contact Name and Phone _____ Relationship _____

What position are you applying for? _____

What church do you belong to? _____

How often do you attend? _____

Drug Policy

Have you ever used drugs or alcohol? How recent? _____

Are you currently using drugs or alcohol? _____

*Pacific Camp Family Resource maintains a zero drug policy and if caught using 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.

Employment Information

Driving

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? _____

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

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

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.)

Health History

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 CAMP 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 _____