



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
7. Copy of your immunization 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 3/27/2018

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. _____ Social Security _____ Transcripts _____ First Aid _____ CPR _____
Immunizations _____ Flu shot/decline _____
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 _____

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

- Certified in bookkeeping/accounting
- Experienced in bookkeeping/accounting

- Certified in computer/computer software
- 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.
5217 Verdugo Way Suite D.
Camarillo, CA 93012***

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

Initiative

Personal Appearance

Dependability

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
5217 Verdugo Way Suite D
Camarillo, CA 93012

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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Name _____

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Summer 2018 Staff Information Sheet

Summer camp is open Monday through Friday 7AM to 6PM. Your work schedule will be any time during those days and times.

Training Weekend Dates:

Location and times: To be determined

Beginning: Friday, June 1st

Ending: Sunday, June 3rd

- Staff pictures will be taken.
- Things not to bring: Electronic devices such as computers, iPods, video game units, etc.
- Personal cell phones must be turned off during all training sessions.

Pacific Camps Emergency Phone Numbers for Training Dates:

Mr. Bud: (805) 432-6130

Mr. Ed: (805) 432-6128

Miss Heather (805) 766-4087

Ms. Glenda: (805) 890-5317

Time Off

Circle any dates that you are requesting off. Be sure to include any church trips or family vacations. Partial days off are not available. Dates are prioritized by seniority and availability. There are NO SINGLE days off UNLESS REQUESTED before May 23rd. IF YOU NEED TIME OFF after May 23rd the COMPLETE MONDAY - FRIDAY will be assigned as off. (This assists with the overall scheduling for the summer.)

<u>May/June</u>						
Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

<u>July</u>						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

<u>August</u>						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Please list dates & reasons for time off (June 26th -sisters wedding in Ohio, July 10th – 14th -mission trip to Mexico)

Date your school starts _____ Last day available to work _____

Name _____ Phone _____

Signature _____ Date _____

_____ Office use only _____

Contact date _____ Interview scheduled date _____ By _____

Interviewed by _____ Hired _____ Not Hired _____ Wait Listed _____

Site Proposed _____ Camp Proposed _____

Site Assigned _____ Camp Assigned _____ Attendance # _____

Payroll Status Form _____ Employment Letter Sent _____

Notes: