

Stephen J. Wampler Foundation Inc.

Camp WAMP at Deer Lake Employment Application

Mail to:
Stephen J Wampler
941 Orange Ave #440
Coronado, CA 92118
800-381-6891

Stephen J. Wampler Foundation IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary

1. Name: _____
Last First Middle

2. Address: _____
Street City State Zip

3. Telephone Number: (_____) _____ - _____ 4. Social Security Number: _____ - _____

5. Email Address: _____

6. Are you 18 years of age or older? Yes No

7. Do you have a legal right to work in the United States? Yes No

If employed, you will be required to provide proof.

8. Have you applied to Camp WAMP for employment in the past? Yes No

If yes, when? _____ Position applied for: _____

9. Do you have any relatives currently employed by Camp WAMP? Yes No

If yes, who? _____ What relation to you? _____

10. Have you ever used another name that we would need in order to verify your employment experience and education?

Yes No If yes, indicate such name and the date the name changed: _____

11. Have you been convicted of a crime? Yes No

If yes, briefly describe the nature of the crime(s) the date and place of conviction(s), and legal disposition of the case(s).

(The company will not deny employment to any applicant solely because the person has been convicted of a crime. Each case will be evaluated based on its own facts and merits.)

12. Are you currently employed? Yes No If yes, may we contact your current employer at anytime? Yes No

You may contact my current employer, but only when: _____

POSITION

1. How did you hear about the availability of the position for which you are applying?

- Campus Advertisement
 Newspaper
 Current Employee
 Former Camp Staff
 Job Fair
 Internet Source
 Other: _____

2. Have you been given a Job Description, or have the requirements of the job been explained to you? Yes No

Do you understand these requirements? Yes No

3. Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation? Yes No

4. Can you meet the attendance standards of our company, which requires all employees to report for work on time for all scheduled days or shifts? Yes No

SESSIONS DESIRED

Please indicate your choice of one of the following two sessions by checking either number 1, 2 or 3 or all.

1. _____ Camp WAMP at Deer Lake (July 8-13, 2018)
2. _____ Camp WAMP at Deer Lake (July 15-21, 2018)
3. _____ Camp WAMP at Deer Lake (July 28- August, 2, 2018)
4. _____ Camp WAMP at Deer Lake (August 4 -10, 2018)

WILDERNESS EXPERIENCE/SPECIAL SKILLS

Experience: Please list any experience you have had as a employee.

Name of program	Location	Position	Dates (Month/Yr.)	
			From	To

Other Experience: List any school, campus, professional and /or community offices you have held. (If you wish, you may omit any organization or activity which indicates your race, religion, gender, age, or national origin,)

Name of Organization/ Activity	Role or Position	Duties/Accomplishments	Dates (Month/Yr.)	
			From	To

Current:

- CPR No Yes If yes, where obtained: _____ Expiration Date: _____
 First Aid No Yes If yes, where obtained: _____ Expiration Date: _____
 Lifeguard Certificate No Yes If yes, where obtained: _____ Expiration Date: _____

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL— RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ()	Supervisor's Name, Title and Telephone Number ()			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Why?				

2.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ()	Supervisor's Name, Title and Telephone Number ()			
Job Title		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged				
Why?				

3.	Employer	Dates Employed <i>from ____ to ____</i>	Address	Job Title
4.	Employer	Dates Employed <i>from ____ to ____</i>	Address	Job Title
5.	Employer	Dates Employed <i>from ____ to ____</i>	Address	Job Title
6.	Employer	Dates Employed <i>from ____ to ____</i>	Address	Job Title

NARRATIVE

1. State briefly what you feel is the value to disabled people of organized programming and recreation: _____

2. State briefly the reason you desire to work for **Camp WAMP**: _____

EMPLOYMENT REFERENCES:

Employment with **Camp WAMP** will require written references from two (2) individuals not related to you. References must be mailed under separate cover by the individual giving the professional and/ or character reference and returned directly to Shae Jewell.

EDUCATION and TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	Circle Last Year
High School			9 10 11 12
Community College		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2
College/University		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Graduate School		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Business/Trade/Night School		Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4

CERTIFICATION

DIRECTIONS: PLEASE READ AND INITIAL THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of **Stephen J. Wampler Foundation Inc.** regardless of the time that has elapsed before discovery.

I understand that filing this application in no way assures me a position with **Stephen J. Wampler Foundation Inc.** and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either **Stephen J. Wampler Foundation, Inc.** or myself. I further understand that no one other than the Board of Directors of **Stephen J. Wampler Foundation, Inc.** has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed by **Stephen J. Wampler Foundation Inc.**, I agree to abide by the rules, policies and procedures of **Stephen J. Wampler Foundation Inc.** and subsequent rules, policies and procedures that may become effective after employment. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening. I understand that **Stephen J. Wampler Foundation Inc.** believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of **Stephen J. Wampler Foundation Inc.** during the time of my employment.

Signature of Applicant

Date