



Decoma Day Camp
 3851 N. Mission Hills Rd.
 Northbrook, IL 60062
 tel: 847-945-4455
 fax: 847-945-2131

STAFF APPLICATION

Name _____

Social Security # _____

Male Female Drivers License # _____ Exp. Date _____

Home Address: _____ Phone: _____
Street and Number City State Zip

College Address: _____ Phone: _____
Street and Number City State Zip

E-Mail Address: _____ Cell Ph.: _____

Date of Birth: _____ (optional) Age: _____ (optional)

HEALTH Do you have any health restrictions or allergies that will impede your ability to perform the job applied for?

If so, please describe them:

Date of most recent physical examination: _____

EDUCATION

Name of High School: _____ Year in school: _____

Name of College: _____ Year in school: _____ Area of study: _____

PAST EMPLOYMENT *(List previous 2 summers or years.)*

Dates	Employer	Phone #	Nature of Work	Supervisor	Reason for Leaving

Indicate any employer you do not wish us to contact and why. _____

CAMP RELATED EXPERIENCES

Have you ever worked with children? _____ Where, when, and in what capacity? _____

Have you ever taught recreational activities? _____ Where, when, and in what capacity? _____

REFERENCES *(list 3 non-relatives who have knowledge of your character, experience, and ability.)*

Name	Address and City	Phone Number

Type of position applying for: _____

Dates Available: From: _____ To: _____

Will you need to miss any days of camp? _____

Please rank your level of experience for each of the following activities:

1 = LITTLE OR NO EXPERIENCE	2 = FAMILIAR WITH	3 = EXCEL AT
_____ ARCHERY	_____ DANCE	_____ HORSEBACK RIDING
_____ ARTS & CRAFTS	_____ DRAMA	_____ MUSIC/SINGING
_____ BASKETBALL	_____ FISHING	_____ SOCCER
_____ BOATING/CANOEING	_____ GOLF	_____ SWIMMING
_____ TENNIS	_____ CHEERLEADING/POMS	_____ MAINTENANCE

SWIMMING / FIRST AID-CPR

Do you have:

Lifeguard Training	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certification Valid Thru _____
Water Safety Instruction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certification Valid Thru _____
First Aid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certification Valid Thru _____
CPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certification Valid Thru _____

Have you ever taught swimming? Yes No Where, when, and in what capacity? _____

TRANSPORTATION

Transportation to and from Decoma is an important aspect of our camp. Qualified staff members are also licensed to be drivers for us. Camp vehicles are automatic transmission. Decoma Day Camp insures you, the bus, and Decoma's campers.

Do you have transportation to use on a daily basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current Illinois Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 21 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your license ever been suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had any moving violations in the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain the most recent accident in which you were involved	_____	

Are you willing to meet a bus wherever needed if you do not meet the requirements of a driver? Yes No

What contribution do you think a well run camp can make to children? _____

Are you available for an interview? Yes No If so, when? _____

I authorize investigation of all statements herein 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 and that any agreement to the contrary must be in writing and signed by the director of the camp. I also understand that untrue, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

I understand that if hired by Decoma Day Camp, I will be making a commitment to work the full 8 week Camp Session, as well as mandatory pre-season orientation days.

Signature _____ Date _____

DECOMA DAY CAMP IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT ON THE BASIS OF RACE, COLOR, SEX, NATIONAL ORIGIN, RELIGION, AGE, MARITAL STATUS, PREGNANCY, PHYSICAL OR MENTAL HANDICAP, OR UNFAVORABLE DISCHARGE FROM MILITARY SERVICE.
All statements become part of any future employee personnel files.