



# Camp Fire USA School Age Programs Employment Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

---

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

E-Mail \_\_\_\_\_ Phone/Cell Phone \_\_\_\_\_ Best Time to Reach You? \_\_\_\_\_

---

**Position Applying For:**

- Program Aide (16 – 17 yrs old)
- Program Staff
- Child Development Leader
- Site Director

**Days/hours you are available to work:**  
Shifts are generally 7-9 & 3-6 or 3-6:30

Monday	Tuesday	Wednesday	Thursday	Friday
___ AM	___ AM	___ AM	___ AM	___ AM
___ PM	___ PM	___ PM	___ PM	___ PM

Date Available To Start: \_\_\_\_\_

Days/Hours you are **NOT** available to work: \_\_\_\_\_

---

In what location would you like to work? (Please rank by order of preference)

___ East Anchorage	___ Midtown Anchorage
___ Downtown Anchorage	___ Eagle River/Chugiak
___ South Anchorage	___ Fairbanks

Are you at least 18 years of age? \_\_ Yes \_\_ No

Are you at least 21 years of age? \_\_ Yes \_\_ No

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

Do you have reliable transportation available for work? \_\_\_\_\_

**Although we make every effort to provide you with a schedule and a location which is convenient to you, you may be asked to work in other sites or program times that vary according to agency needs. This is a requirement of working with Camp Fire youth programs.**

# Employment With Camp Fire USA Alaska Council

Working with Camp Fire provides opportunities for meaningful employment here each day. What you do makes a difference for kids.

Camp Fire works hard to help you progress in our agency. We provide opportunities to learn management skills and to move up into a purposeful career

Camp Fire is a recognized leader in the field of youth development and we want the best people to work for us. We have a proven record for professional development, employee satisfaction and employment longevity.

## **Please answer the following:**

1. Why are you interested in working for Camp Fire?

---

---

---

2. What experience do you have in working with children?

---

---

---

3. What stands out as a positive experience you've had while working with kids?

---

---

---

4. What skills or training do you have that qualifies you for the position you are applying for?

---

---

---

5. Tell us 8 words you feel describe you? (7 positive & 1 negative)

---

---

---

6. What else should we know about you?

---

---

---

## Education:

Do you have high school Diploma or GED?  Yes  No

College/University/Other \_\_\_\_\_ Dates Attended \_\_\_\_\_ Major \_\_\_\_\_ Degree Date \_\_\_\_\_

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

## Certifications: Please check all current certifications

\_\_\_\_ CPR: Exp. Date \_\_\_\_\_  RN or LPN  
\_\_\_\_ Standard First Aid: Exp. Date \_\_\_\_\_  Teaching Certificate: Type \_\_\_\_\_  
\_\_\_\_ Water Safety Instructor: Exp. Date \_\_\_\_\_  Other: List \_\_\_\_\_  
\_\_\_\_ Life Guard: Exp. Date \_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_ Other: \_\_\_\_\_ \_\_\_\_\_

## Volunteer Experiences and Professional Organizations: Please list activity

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

## Licensing History/Child Abuse and Neglect/Criminal Charges and Convictions

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been licensed or registered to care for adults or children by any state, federal government, or agency? <i>If "Yes", what kind of license did you have (child care home or center, child or adult foster care, etc.)?</i> Type: _____ Dates: _____ Location: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied a license or registration to care for children or adults or had such a license revoked? <i>If "Yes", when, where, why, and for what type of child or adult care was the application denied or licensed revoked?</i> _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a child for whom you were legally responsible (natural child, foster child or adopted child) removed from your custody by a child welfare agency in any state, after a protective services investigation of possible abuse and/neglect? <i>If "Yes", Where: _____ Date: _____</i> Why: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a child for whom you were legally responsible (natural child, foster child or adopted child) ever received ongoing protective services in your home from the State of Alaska or a child welfare agency in any state after a protective service investigation of possible abuse and/or neglect? <i>If "Yes", Where: _____ Date: _____</i> Why: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been, under indictment, <b>charged by information or complaint or convicted</b> of a crime?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been, under indictment, <b>charged or convicted</b> of a crime of violence or sexual abuse?

**Employment History:** You must list your last two years of employment, including part time employment.

IN ANCHORAGE  
 Camp Fire USA Alaska Council  
 161 Klevin Street Suite #104  
 Anchorage, AK 99508  
 Phone 907/279-3551 or 800/478-3550  
 FAX: 907/278-9829

IN FAIRBANKS  
 Camp Fire USA Alaska Council  
 565 University Ave. Suite 3-A  
 Fairbanks, AK 99709  
 Phone 907/456-4334  
 FAX: 907/456-5476

If you have gaps between your periods of employment or have not been employed, please account for your whereabouts for the past two years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. May we contact your current employer? \_\_\_\_ Yes \_\_\_\_ No
2. Have you ever been dismissed or asked to resign from a job? \_\_\_\_ Yes \_\_\_\_ No  
 ~ If yes, please explain on a separate sheet.

<p>Employer Name and Address:                  _____                  _____                  _____</p> <p>Telephone: _____</p> <p>Supervisor: _____                  Contact Number: _____</p>	<p>Position Title: _____</p> <p>Duties/Skills:</p>	<p>Employment Dates:                  Start: __/__/__                  End: __/__/__</p> <p><u>Wages/Salary</u>                  Start: \$ _____                  End: \$ _____</p> <p>Reason for leaving:                  _____</p>
<p>Employer Name and Address:                  _____                  _____                  _____</p> <p>Telephone: _____</p> <p>Supervisor: _____                  Contact Number: _____</p>	<p>Position Title: _____</p> <p>Duties/Skills:</p>	<p>Employment Dates:                  Start: __/__/__                  End: __/__/__</p> <p><u>Wages/Salary</u>                  Start: \$ _____                  End: \$ _____</p> <p>Reason for leaving:                  _____</p>
<p>Employer Name and Address:                  _____                  _____                  _____</p> <p>Telephone: _____</p> <p>Supervisor: _____                  Contact Number: _____</p>	<p>Position Title: _____</p> <p>Duties/Skills:</p>	<p>Employment Dates:                  Start: __/__/__                  End: __/__/__</p> <p><u>Wages/Salary</u>                  Start: \$ _____                  End: \$ _____</p> <p>Reason for leaving:                  _____</p>

## PROFESSIONAL REFERENCES

1. List four (required) *professional* references (current/previous employer, teacher, professor, faculty member, supervisor or volunteer work reference).
2. Only ONE reference can be from a current or former Camp Fire employee.
3. Do NOT list family members as references (includes relation by blood, marriage or adoption and shared household).
4. Reference forms will be sent to the four references listed and must be returned to Camp Fire USA Alaska Council by the person completing the reference forms (in person, fax or by mail).

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ (Tel. No.) \_\_\_\_\_  
Street Box # City State Zip

E-Mail Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ (Tel. No.) \_\_\_\_\_  
Street Box # City State Zip

E-Mail Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ (Tel. No.) \_\_\_\_\_  
Street Box # City State Zip

E-Mail Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ (Tel. No.) \_\_\_\_\_  
Street Box # City State Zip

E-Mail Address: \_\_\_\_\_

## CERTIFICATION OF APPLICANT

*I hereby authorize the release of any employment data relevant to my employment with Camp Fire USA for the purpose of an employment investigation. I authorize a thorough investigation of my past employment, activities, and background and agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. This investigation may also include a determination regarding whether I have a criminal record.*

*I agree to submit to any lawful drug, alcohol, physical or mental exam or other testing that may be required as a condition of employment or continued employment and understand that refusal to promptly submit and cooperate with such testing prior to or during the course of my employment will result in disqualification from consideration for employment or, if hired, termination.*

*I fully understand that if employed, any misrepresentation or omission on this Application or any other Company record may result in dismissal, regardless of the date of discovery. I acknowledge that employment is also subject to a satisfactory review of my references.*

*Neither this Application nor any statement made to me during the hiring process or thereafter shall be considered a contract of employment of any kind. Where such a contract is intended, I understand that it will be separately entered into and signed by the CEO of the Council. Absent such a contract, I understand that, if hired, my employment will be terminable-at-will, with or without cause or notice, that I am not being employed for any specified or definite period of time, and that this application is not and is not intended to be a contract, offer, statement or confirmation of or for continued employment. I understand that any employee handbook or manual does not represent an employment contract if I am hired. The Council may alter, modify, amend, or terminate any of its policies and benefits, both as to active and retired employees.*

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

# CAMP FIRE USA ALASKA COUNCIL

## VOLUNTARY SELF-IDENTIFICATION FORM

Information on this form is for statistical use only and is removed from the application packet by Human Resources prior to any review and consideration for employment. Completion of the form is voluntary and is not used for consideration for opportunity for employment, or terms or conditions of employment.

It is the intent of Camp Fire USA to recruit, hire, train, and promote for all job classifications without regard to a person's race, religion, color or national origin, age, physical or mental disability, sex, sexual orientation, marital status, changes in marital status, pregnancy, parenthood, status as a Vietnam era or disabled veteran, or any other impermissible characteristic as defined by law when the reasonable demands of the position do not require distinction of the aforementioned items.

Date: _____	Name: _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	Position Applied for: _____
Date of Birth: _____	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Vietnam Era Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No

***Ethnic Origin (please check one):***

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alaska Native or Native American | <input type="checkbox"/> Asian              | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White or Caucasian                  |
| <input type="checkbox"/> Other: _____                     |   |  |

**We are curious to know how you heard about employment with Camp Fire USA**

**I learned of this job opening through:**

- Newspaper Advertisement (day of advertisement: \_\_\_\_\_)
- Word of mouth (source: \_\_\_\_\_)
- Referral from another agency (Agency name: \_\_\_\_\_)
- Presentation (where? \_\_\_\_\_)
- Unemployment Office
- Camp Fire brochures or fliers
- Internet posting
- Posted announcement in the community (where? \_\_\_\_\_)
- Job Fair (which one? \_\_\_\_\_)

**Thanks for your time in completing this voluntary self-disclosure.  
Please enclose it with your application.**