

Application for Seasonal AuSM Camp Employment - 2017

Last Name		First Name		Middle Name	
Street address			Date of Birth <small>(Required for background check)</small>		Gender (please check one) <input type="checkbox"/> M <input type="checkbox"/> F
City	State	Zip Code + Suffix		County of Residence	Social Security Number
Email Address		Phone (Cell)	Phone (Home)		Phone (Work)
MN Drivers License # or State ID #		List all other names by which you have been known:		List all other Counties in which you have lived during the past 5 years:	
**Indicate alternate address to where you would like your check sent, if different than above:					

Indicate all camps, positions and weeks for which you have interest in working:

Camp Hand in Hand					Camp Discovery					Wahode Day Camp				
Session					Sessi					Sessi				
1 June 23 – 30 (males 19-21, females 18+) ALL Staff arrive after 6PM on 6/23/17 Training begins at 9AM 6/24/17					1 June 17 – June 23 (co-ed 10-17) Arrive on 6/17/17 for training beginning at 3pm (tentative)					1 July 10 - July 14, 2017 *(Camp Butwin, Eagan)				
2 July 28 – August 4 (boys 15-18) ALL Staff arrive after 6PM on 7/28/17 Training begins at 9AM 7/29/17					2 June 24 – June 30 (co-ed 18-25) Arrive on 6/24/17 for training beginning at 3pm (tentative)					2 July 24 - July 28, 2017 *(Camp Butwin, Eagan)				
3 August 4 – August 11 (males 22+) ALL Staff arrive after 6PM on 8/4/17 Training begins at 9AM 8/5/17					<ul style="list-style-type: none"> If riding bus to camp, contact the AuSM office. Arrive with campers on the day after first date listed above Bus loads at AuSM offices: 9:30 AM on June 18 and 25 (tentative times) 					Wahode Day Camp training TENT. Wed. June 14th, 7-9 PM at AuSM office in St. Paul				
4 August 11 – August 18 (boys 9-14, girls 9-17) ALL Staff arrive after 6PM on 8/11/17 Training begins at 9AM 8/12/17														
Available Positions		CHECK WEEK(S)			Available Positions		CHECK WEEK(S)			Available Positions		CHECK WEEK(S)		
		1	2	3	4			1	2			1	2	
<input type="checkbox"/> Program Staff <small>(Must have several years of experience with Autism/ASD)</small>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cabin Support Staff <small>(Must have several years of experience with Autism/ASD)</small>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Program Staff <small>(Must have several years of experience with Autism/ASD)</small>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Counselor		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mentor <small>(This is an individual with ASD)</small>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Counselor	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Volunteer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Volunteer	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Nurse (RN)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	

Emergency Information

Emergency Contact Person		Address		Relationship to you	
Phone (H)		Phone (W)		Phone (C)	
Health Care Provider		Physician's Phone		Insurance #	
Please state any health information that might affect your job performance at camp					

Education History

*****ALL Applicants must fill out this page and sign at the bottom*****

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school					<input type="checkbox"/>	<input type="checkbox"/>	
College (list all attended)					<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Employment Record *All Applicants*****

List present or most recent employer. You may attach a resume, but complete this application as well.

Last or present company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Base salary	Dates worked From To		Reason for leaving

May we contact your present employer? Yes No

Professional / Work References

List complete information for one past supervisor and one person (who is not related to you) who have knowledge of your qualifications for the position for which you are applying. **A reference form will be sent to individuals listed below.**

Name	Title/relationship	Address (EMAIL and complete address)	Phone no. (include area code)	Occupation

Other acquired skills and/or experience, particularly related to working with children, children with autism and/or camping:

If we are able to offer t-shirts this year what size would you need? S M L XL XXL

***Where did you hear about AuSM camps?(Please be specific)

***Some camp families ask for contact information for camp staff that are interested in working as a PCA for their child, after the camp season. Would you be interested? If yes, can we share your contact information (name, phone, email)? Yes No ***

An Equal Opportunity Employer We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose. Your complete application form will be valid for the duration of the application calendar year. You may submit a new application at any time and are responsible to notify AuSM of any changes of address or other contact information.

Confidentiality All information provided herein is considered confidential and will not be shared with any third party without consent.

Provide All Information Requested I understand that all information provided herein will be subject to a Background Check, check of references and employer, and that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment.

I hereby certify that the answers and other information on this application are true and correct. I understand that my continued employment depends upon the will of the company or myself. **(You MUST SIGN and date below to be considered for employment)**

Name (Please print) _____

SIGNATURE _____
Must be signed

Application Date _____