



## Education:

School	Name & Location of school	Course of study (Major)	Number of years completed	Did you graduate	Degree or diploma
Graduate					
College					
High School					
Other					

Courses related to people with disabilities:

**Personal References:** List below the names and complete addresses of three persons who will complete a reference for you. Family members may not be used as references.

	Name	Address	City, State, Zip	Phone Number	Relationship
1.					
2.					
3.					

Membership in professional, student or service organizations and leadership positions held (may exclude those that disclose your race, color, religion or national origin):

## Personal Camp Experiences: (Attach extra paper as necessary)

<input type="checkbox"/> Camper	<input type="checkbox"/> Counselor	Where:	Number of years
Summarize Your Experience of Working With People With Disabilities:			

## Certifications and Experience: (Include copies of any certifications that may apply.)

Sign Language:	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	
	<input type="checkbox"/> College Course	<input type="checkbox"/> Moderate experience	
	<input type="checkbox"/> Fluent		
Type:	<input type="checkbox"/> ASL	<input type="checkbox"/> PSE	<input type="checkbox"/> SEE
Swimming:	<input type="checkbox"/> Non-swimmer	<input type="checkbox"/> Beginner	
	<input type="checkbox"/> Moderate	<input type="checkbox"/> Strong Swimmer	
	<input type="checkbox"/> Teaching experience	<input type="checkbox"/> Water Safety Instructor	
	<input type="checkbox"/> Life Guard Certification		
CPR:	<input type="checkbox"/> Red Cross	<input type="checkbox"/> American Heart Association	<input type="checkbox"/> Other _____
First Aid:	<input type="checkbox"/> Red Cross	<input type="checkbox"/> Other _____	
Other:			

**Employment:** Begin with most recent employment below for the past 3 employers. "See Resume" is not an acceptable description of duties.

FROM (month/year)	COMPANY	NAME OF SUPERVISOR	STARTING POSITION	STARTING SALARY \$
TO (month/year)	ADDRESS	TITLE OF YOUR SUPERVISOR	POSITION ON LEAVING	FINAL SALARY \$
NO. OF MONTHS	CITY, STATE & ZIP	TELEPHONE NO.	NO. OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING
DESCRIPTION OF DUTIES:				
FROM (month/year)	COMPANY	NAME OF SUPERVISOR	STARTING POSITION	STARTING SALARY \$
TO (month/year)	ADDRESS	TITLE OF YOUR SUPERVISOR	POSITION ON LEAVING	FINAL SALARY \$
NO. OF MONTHS	CITY, STATE & ZIP	TELEPHONE NO.	NO. OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING
DESCRIPTION OF DUTIES:				
FROM (month/year)	COMPANY	NAME OF SUPERVISOR	STARTING POSITION	STARTING SALARY \$
TO (month/year)	ADDRESS	TITLE OF YOUR SUPERVISOR	POSITION ON LEAVING	FINAL SALARY \$
NO. OF MONTHS	CITY, STATE & ZIP	TELEPHONE NO.	NO. OF PEOPLE YOU SUPERVISED	REASON FOR LEAVING
DESCRIPTION OF DUTIES:				

### **Applicant Acknowledgement** (Read carefully before signing)

1. I understand that all statements and answers are true without reservations or evasions. I authorize an investigation of all statements in this application as well as any other information provided in interviews, and that, if discovered during the application process, will disqualify me from consideration and, if employed, any false statements or omissions of information in this application will be sufficient cause for discharge. Any applicant who knowingly and willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and upon conviction thereof, shall be punished accordingly.
2. I understand and agree that any employment offer and/or my employment is contingent on acceptable results of an investigative background report. I am advised that an investigative report will be requested for applicable information concerning my character, general reputation and personal characteristics. I authorize Colorado Lions Camp to make inquiry into my history, character and general reputation to obtain a "consumer report" (under the Fair Credit Reporting Act), for employment purposes before or during my employment. I authorize all schools which I attend or attended to provide Colorado Lions Camp with my record and/or transcript and all previous employers to furnish all pertinent information, such as my reason for leaving and record of performance. I hereby release my schools, previous employers and Colorado Lions Camp from any liability and/or damage resulting therefrom.
3. I understand and agree that any employment offer is contingent on acceptable proof of my eligibility to work in the United States and for certain jobs, proof of an acceptable driving record.
4. I understand that, if hired by Colorado Lions Camp, I will be expected to represent a good role model to program participants, especially campers, demonstrating respect for individuals and property, responsibility and good judgment, decorum, politeness, modesty and refraining from abusive and profane language. I understand that the Colorado Lions Camp is an alcohol-free and drug-free facility and that possession or use of such products on Colorado Lions Camp property will be cause for immediate dismissal. I understand the use of tobacco products is prohibited while on duty. In addition, I have the responsibility to support the mission, goals and objectives of the Colorado Lions Camp, to provide a quality camping experience for children and adults with special needs.
5. I understand and agree that if I am hired, I will conform to the rules and regulations of Colorado Lions Camp and that my employment can be terminated with or without cause, at any time, at the option of either the company or myself. Colorado Lions Camp also has sole discretion to modify the terms and conditions of my employment.

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



**Authorization and Acknowledgement  
That A Consumer Report May Be  
Obtained for Employment Purposes**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Please Print)

Signature of Applicant: \_\_\_\_\_

To help us obtain accurate background and reference information, please complete the month and day of your birth. This information will only be used for background checking purposes.

Month of birth \_\_\_\_\_ Day of birth \_\_\_\_\_

**Authorization and Acknowledgement  
That A Consumer Report May Be  
Obtained for Employment Purposes**

In our efforts to ensure a safe workplace and to comply with Colorado state and federal laws, an acceptable background report regarding your education, employment and criminal history is a condition of employment. In compliance with the Fair Credit Reporting Act, Colorado Lions Camp notifies you of the following: Whenever a “consumer report” is obtained, either as part of your application process or during your employment, and Colorado Lions Camp considers any information in that report, when making an adverse employment-related decision about you, we will provide you with a copy of the report and a Federal Trade Commission notice regarding your rights under the Fair Credit Reporting Act.

If employed, all employees have a continuing obligation to meet the terms of the employment contract, staff manual and all conditions of obtaining or maintaining certifications required by your position. If your position requires certifications, you may be required to disclose further background information.

The company conducting Colorado Lions Camp investigation may contact you to obtain your date of birth to be used only in connection with its investigation and for no other purposes. This information will not be disclosed to Colorado Lions Camp during the hiring process.