



PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE

## Summer Camp Employment Application Form

Name _____			
Last	First	Middle	
Present address _____			
Number	Street	City	State    ZIP code
How long _____		Telephone (____) _____	
Are you under eighteen years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone (____) _____	
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you are hired, will you be able to submit proof of the above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now or will you at any time be seeking visa sponsorship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
E-mail Address: _____		Days/hours available to work	
Position applied for (1) _____ and salary desired (2) _____ (Be specific)		No Pref. _____    Thu _____	
		Mon _____    Fri _____	
		Tue _____	
		Wed _____	
How many hours can you work weekly? _____    Can you work nights? _____			
Employment desired <input type="checkbox"/> F/T ONLY <input type="checkbox"/> P/T ONLY <input type="checkbox"/> TEMPORARY <input type="checkbox"/> FLEXIBLE FOR ALL WORK ASSIGNMENTS			
When are you available for work? _____			
<b>Work Experience</b> Please list your work experience for the <b>past 10 years</b> beginning with your most recent job held. You may include work performed on a volunteer basis. Please account for any time period between positions when you were not working. If you were self-employed, give firm name. <b>Attach additional sheets if necessary.</b>			
Name of employer _____		Name of last supervisor	Employment start date
Address _____			Employment end date
City, State, ZIP Code _____			
Phone number _____		Your last job title	
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Organization.			
Name of employer _____		Name of last supervisor	Employment start date
Address _____			Employment end date
City, State, ZIP Code _____			
Phone number _____		Your Last Job Title	

**Work Experience (cont'd)****PAGE 2**

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Organization.

\_\_\_\_\_

\_\_\_\_\_

Name of employer \_\_\_\_\_

Name of last  
supervisorEmployment start  
dateEmployment end  
date

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Phone number \_\_\_\_\_

Your Last Job Title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Organization.

\_\_\_\_\_

\_\_\_\_\_

Name of employer \_\_\_\_\_

Name of last  
supervisorEmployment start  
dateEmployment end  
date

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Phone number \_\_\_\_\_

Your Last Job Title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this Organization.

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

May we contact your present employer? ☐ Yes ☐ No

PLEASE DO NOT RESPOND TO THE FOLLOWING QUESTION UNTIL **AFTER** YOU HAVE READ AND/OR DISCUSSED THE JOB DESCRIPTION OF THE POSITION(S) FOR WHICH YOU ARE APPLYING.

Are you able to perform the essential functions of the position(s) for which you are applying, with or without a reasonable accommodation?

☐ Yes ☐ No

Please circle the type of position or work desired. You must be 18 to be a counselor and 21 to be an Activity Coordinator.

<b>Kiddie Kamp Counselor</b>	<b>Day Camp Counselor</b>	<b>Activity Coordinator</b>	<b>Team Leader</b>
<i>Half day with 3-5 year olds</i>	<i>Full day with 5-12 year olds</i>	<i>Coordinates art, sports, etc.</i>	<i>Leads camp staff</i>

**List any additional classes, technical training, leadership or skill development you have completed in the past year:**

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### **Personal Philosophy**

**Please answer the following questions to the best of your ability on a separate sheet of paper.**

1. Why do you want to work with Hill House Summer Day Camps?
2. What skills and aptitudes will you bring to our camp community this summer?
3. What goals do you hope to accomplish while working at Hill House?
4. Given the demanding nature of this job, what do you anticipate will be the stressors and rewards?
5. How will you stay positive and focused during long days with the campers?

### **Professional Licenses and Certifications**

List all professional registrations, licenses, and certifications relevant to the position you are seeking:

**Current Certifications** Agency refers to the American Red Cross, YMCA certification, etc.

High/Low Ropes Course	<input type="radio"/> Yes <input type="radio"/> No	First Aid	<input type="radio"/> Yes: Agency _____ <input type="radio"/> No
Canoe	<input type="radio"/> Yes <input type="radio"/> No	CPR	<input type="radio"/> Yes: Agency _____ <input type="radio"/> No
Lifeguard	<input type="radio"/> Yes <input type="radio"/> No	Water Safety Instructor	<input type="radio"/> Yes <input type="radio"/> No
Teaching License	<input type="radio"/> Yes <input type="radio"/> No	Food Service ServSafe	<input type="radio"/> Yes <input type="radio"/> No
Social Worker	<input type="radio"/> Yes <input type="radio"/> No	Other	_____
Responding to Emergencies (RTE)	<input type="radio"/> Yes <input type="radio"/> No		

**Other:** \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY:****APPLICATION FORM WAIVER**

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of the Organization's employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Organization practices, shall serve to create an actual or implied contract of employment, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Organization and the employee. Both the undersigned and the Organization may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Organization may unilaterally change or revise its benefits, policies and procedures and such changes may include reduction in benefits.

I understand that this application is not a contract of employment and does not assure me of a position with the Organization. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job.

I understand that the Organization will thoroughly investigate my work and personal history and verify all data given on the application, on related papers, and in interviews. I authorize the Organization to investigate all information related to my application and all statements contained in this application in order to determine my qualifications for employment and I understand that such investigation may include contacting any of my former and/or current employers or any person or entity listed on this application or any resume that I have attached to this application (unless otherwise indicated). I hereby give the Organization permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Organization (including its employees and agents) from any liability as a result of such contact.

I also understand that if (1) the Organization has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that any offer of employment, and continued employment, are conditioned upon the satisfactory completion of a background check, including but not limited to a criminal records check and driving record check, as determined in the sole discretion of the Organization. I understand that, in connection with the routine processing of this application, the Organization may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Organization will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

**It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.**

I certify that all the statements herein are true and understand that any omission, misrepresentation, or falsification in connection with this application process may be grounds for denial of employment or, if I am hired, immediate termination of my employment regardless of when or how discovered.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Hill House is an Equal Opportunity Employer. Hill House offers equal employment opportunity to all applicants for employment and all employees regardless of race, color, religion, sex, national origin, age, disability, genetic information, veteran status, ancestry, sexual orientation, gender identity, military service, participation in Hill House's insurance plans, receipt of free medical care, or any other characteristic protected by applicable law. An applicant who does not meet the minimum qualifications of the position(s) for which the applicant applies will not be considered for employment. This policy applies to all areas of employment, including recruitment, hiring, training and development, promotion, transfer, termination, layoff, compensation, benefits, social and recreational programs, and all other conditions and privileges of employment, in accordance with applicable federal, state, and local laws.

Thank you for completing this application form and for your interest in our organization.

**M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION**

**SORB USE ONLY**

SOR Form 4 (05/11)

Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Care Quality  
99 Chauncy Street, 11th floor, Boston, MA 02111  
617-753-8000

Criminal Offender Record Information (CORI) Acknowledgement Form

The Department of Public Health, Division of Health Care Quality, is certified by the Department of Criminal Justice Information Services (DCJIS) to screen applicants for licenses to operate health care facilities and programs. As a licensure applicant, I understand that a CORI check will be submitted to DCJIS for my personal information. I understand that a criminal offender record information (CORI) check will be conducted for conviction and pending criminal case information, only, and that such information will not necessarily disqualify me. The information below is correct to the best of my knowledge. I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJIS.

Signature	Date
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*Last Name	*First Name	Middle Name	Suffix
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Maiden Name (or other name(s) by which you have been known)
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*Date of Birth, mm/dd/yyyy	Place of Birth	XXX /     /
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Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Height	ft	in	Eye Color	Race
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Driver's License or ID Number	State of Issue
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Mother's Full Maiden Name	Father's Full Name
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Current Address
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Street Number & Name	City/Town	State	Zip
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Former Address
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Street Number & Name	City/Town	State	Zip
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DPH/DHCQ use only. The above information was verified by reviewing the following form(s) of government-issued identification:	
Name of Verifying Employee (Please Print)	Signature of Verifying Employee



## The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Division of Health Care Quality

99 Chauncy Street, 11th floor, Boston, MA 02111

617-753-8000

### CORI

The Department of Public Health (Department) is required to conduct suitability reviews for all applicants applying for licensure as new health care providers. The review includes a criminal background check of the applicant. Accordingly, The Department has been certified by the Executive Office of Public Safety, Criminal History Systems Board, for access to reports from the criminal offender record information system.

The enclosed Criminal Offender Record Information (CORI) form must be completed and returned with the license application for all individuals (use full names) identified below so that determinations of suitability and responsibility can be made in a timely manner.

- All individuals who hold a 5% or greater ownership or managerial interest in the facility;
- If the applicant is a partnership, CORI forms must be completed for all general and limited partners with 5% or greater ownership interest in the partnership;
- If the applicant is a for profit corporation, CORI forms must be completed for all officers, directors and holders of 5% or more of the corporation's stock;
- If the applicant is a not for profit organization, CORI forms must be completed for the officers of the board of directors, the executive committee, or other such governing body that has direct and ultimate control over the operation and compliance performance of the facility.
- The program administrator.

In order to verify the information on your CORI request form, you may either (1) deliver your application to us in person, at which time we will verify the information on your request form, or (2) include a photocopy of a government-issued photographic identification with your request form.

Government-issued photographic identification includes, but is not limited to: state issued drivers license, state issued photographic identification card, passport, or US military ID. We are not able to accept an identification card issued by a private employer or, with the exception of a passport, by a non-US or state government agency.

If you have any questions or concerns regarding the completion of these CORI forms please contact Pearlina Mills (617) 753-8124.