

Application for Employment

CAMP NEW HOPE, INC.  
 P.O. BOX 764  
 MATTOON, IL 61938  
 PHONE 217-895-2341 FAX 217-895-3658

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Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_  
 Dates Available From \_\_\_\_\_ To \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Permanent Telephone Number (\_\_\_\_) \_\_\_\_\_ Current Telephone Number (\_\_\_\_) \_\_\_\_\_  
 Cell Phone Number (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_  
 If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_\_ Yes \_\_\_\_ No  
 Are you currently employed? \_\_\_\_ Yes \_\_\_\_ No  
 May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No  
 Are you available for work \_\_\_\_ Full Time \_\_\_\_ Part Time \_\_\_\_ Temporary \_\_\_\_ Daytime \_\_\_\_ Night Time  
 Have you ever applied with Camp New Hope, Inc. \_\_\_\_ Yes \_\_\_\_ No If Yes, when? \_\_\_\_\_

School	Years Attended	Major	Degree

Describe any specialized training, apprenticeships, skills, or any extra-curricular activities  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Camp Experience				
Dates	Camp	Director	Address	Camper or Staff

References (Give Names and address of 3 persons (not relatives) having knowledge of your character, experience and ability)

Name	Address and City	Phone

Past employment (List previous two summers or years)

Dates	Employer	Address/phone	Nature of work	Supervisor	Reason for leaving

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In the following list, put number "1" before those activities you can organize and teach as an expert "2" for those activities in which you can assist in teaching; and "3" for those which are just your hobby; "C" for those in which you have current certification.

Arts and Crafts	Dancing	Nature	Sports
<input type="checkbox"/> Basketry	<input type="checkbox"/> Ballet	<input type="checkbox"/> Animals	<input type="checkbox"/> Archery
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Folk	<input type="checkbox"/> Astronomy	<input type="checkbox"/> Archery Certification
<input type="checkbox"/> Jewelry	<input type="checkbox"/> Social	<input type="checkbox"/> Birds	<input type="checkbox"/> Badminton
<input type="checkbox"/> Leather work	<input type="checkbox"/> Square	<input type="checkbox"/> Conservation	<input type="checkbox"/> Baseball
<input type="checkbox"/> Macrame	<input type="checkbox"/> Tap	<input type="checkbox"/> Flowers	<input type="checkbox"/> Basketball
<input type="checkbox"/> Model Rocketry		<input type="checkbox"/> Forestry	<input type="checkbox"/> Fishing
<input type="checkbox"/> Nature Crafts	<b>Dramatics</b>	<input type="checkbox"/> Insects	<input type="checkbox"/> Hockey
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Creative	<input type="checkbox"/> Rocks & Minerals	<input type="checkbox"/> Informal Games
<input type="checkbox"/> Painting	<input type="checkbox"/> Play Directing	<input type="checkbox"/> Trees & Shrubs	<input type="checkbox"/> Ping Pong
<input type="checkbox"/> Photography	<input type="checkbox"/> Skits & Stunts	<input type="checkbox"/> Weather	<input type="checkbox"/> Riding
<input type="checkbox"/> Darkroom		<input type="checkbox"/> Gardening	<input type="checkbox"/> Soccer
<input type="checkbox"/> Sketching	<b>Music</b>	<input type="checkbox"/> Animal Care	<input type="checkbox"/> Softball
<input type="checkbox"/> Weaving	<input type="checkbox"/> Lead Singing		<input type="checkbox"/> Tennis
<input type="checkbox"/> Woodworking	<input type="checkbox"/> Instruments		<input type="checkbox"/> Track & Field
	<input type="checkbox"/> Accordion		<input type="checkbox"/> Volleyball
<b>Waterfront Activities</b>	<input type="checkbox"/> Bugle	<b>Miscellaneous</b>	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Canoeing/Kayaking	<input type="checkbox"/> Piano	<input type="checkbox"/> Standard First Aid Cert.	
<input type="checkbox"/> Diving	<input type="checkbox"/> Guitar	<input type="checkbox"/> Community First Aid and Safety	
<input type="checkbox"/> Basic Life Guarding		<input type="checkbox"/> CPR	
<input type="checkbox"/> BSA/Aquatic Instructor		<input type="checkbox"/> Responding to Emergencies	
<input type="checkbox"/> ARCLife Guard Training		<input type="checkbox"/> Campfire Programs	<input type="checkbox"/> Shorthand
<input type="checkbox"/> BSA/Life Guard		<input type="checkbox"/> Carpentry	<input type="checkbox"/> Storytelling
<input type="checkbox"/> YMCA/Life Guard		<input type="checkbox"/> Electrical	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Rowing		<input type="checkbox"/> Evening Programs	<input type="checkbox"/> Worship Services
<input type="checkbox"/> Sailing		<input type="checkbox"/> Farming	<input type="checkbox"/> Language
<input type="checkbox"/> Swimming		<input type="checkbox"/> Library	
<input type="checkbox"/> Rafting		<input type="checkbox"/> Plumbing	

What contributions do you think you can make at Camp New Hope?

What contribution do you think a well-run camp can make to individuals with developmental disabilities?

Write a brief biographical sketch, including specialized training in camping, and experience or training in other fields which might have a bearing on the position(s) for which you applying for.

Are you available for an interview? Yes \_\_\_\_\_ No \_\_\_\_\_ 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, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp. I also give permission to use my name and picture in publicizing the work and program of Camp New Hope, Inc.

Signature \_\_\_\_\_  
 All statements become part of any future employee personnel files.

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)  
**For Programs NOT Licensed by DCFs**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth:  --  --  Gender:  Male  Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #  
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.  
**OR**  
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.  
Dates From/To  
(Street/Apt#/City/County/State/Zip Code)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List maiden name and/or all other names by which you have been known: (last, first, middle)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking System (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please type, use bold letters or label:  
217-895-3658 (Submitting Agency Fax Number)  
officemanager@campnewhopeillinois.org (Submitting Email Address)

Camp New Hope, Inc. (Agency Name)  
*Executive Director* (Contact Person)  
PO Box 764 (Address)  
Matttoon, IL 61938 (City/State/Zip)

**Submit by mail OR fax OR email.**  
Mail to: Department of Children and Family Services  
406 E. Monroe - Station # 30  
Springfield, IL 62701  
FAX to: 217-782-3991  
Scan/Email to: CFS689Background@illinois.gov

Print Form

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**IMPORTANT NOTICE TO EMPLOYEE  
ABOUT PRIOR CRIMINAL CONVICTIONS**

We will not knowingly employ or retain any individual who performs direct care for campers or clients, if that person has been convicted of committing or of attempting to commit one or more of the offenses enumerated below, unless by review of the offense(s) we determine to grant a waiver.

We may obtain a fingerprint or nonfingerprint-based criminal record background check, pursuant to the Uniform Conviction Information Act (UCIA) before we retain you as an employee.

We may not retain you for direct care duties, if the nonfingerprint-based background check validation shows that you have been convicted of one or more of the offenses listed below.

You may request a waiver, if you receive an adverse report, as well as challenge its accuracy and completeness of the report, by submitting information necessary to initiate a fingerprint-based background check.

If the waiver of the prohibition against employment is granted, Camp New Hope has the option, but not the obligation, to retain you.

**ACKNOWLEDGMENT**

Employee hereby acknowledges, by his or her signature below, that the foregoing **NOTICE TO EMPLOYEE** has been explained by the facility, and employee has indicated an understanding of the foregoing with his or her signature, and employee agrees to cooperate with the criminal background check procedure and is aware that if the check results are adverse, facility has the right not to retain employee, even if a waiver is granted.

Employee Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

**THE CRIMES WHICH PROHIBIT INDIVIDUALS WHO HAVE BEEN CONVICTED FROM BEING RETAINED BY THIS EMPLOYER UNLESS A WAIVER IS GRANTED INCLUDE:**

**Illinois Criminal Code (720 ILCS 5)**

Section	Title
8-1.1	Solicitation of Murder
8-1.2	Solicitation of Murder for Hire
9-1	First Degree Murder
9-1.2	Intentional Homicide of an Unborn Child
9-2	Second Degree Murder

Section	Title
10-4	Forcible Detention
10-5	Child Abduction
10-7	Aiding and Abetting Child Abduction
11-6	Indecent Solicitation of a Child

AUTHORIZATION FOR RELEASE OF CONSUMER INFORMATION  
(EMPLOYMENT PURPOSE)

TO BE COMPLETED BY APPLICANT/EMPLOYEE  
(PLEASE PRINT LEGIBLY OR TYPE)

NAME \_\_\_\_\_  
Last Name (Maiden or Other Name) First Name M.I.

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
Month Day Year

SEX \_\_\_\_\_ RACE \_\_\_\_\_ Note: select White for Mexican or Latino  
Race selection options (Asian; American Indian/Alaskan; Black; White; Unknown)

DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

APPLICANT/EMPLOYEE SIGNATURE: \_\_\_\_\_

Applicant Authorization

1. Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, employment or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.

2. Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes, is considered to be a consumer report. This information includes, but is not limited to, public record information (criminal history, civil litigation, etc.), driving records, consumer credit history, education records, and employment records. If an adverse employment decision is made due, in whole or in part, to information received as a result of these inquiries, I will be provided with a copy of the consumer report and a summary of my rights under the Fair Credit Reporting Act.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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