

**Application for Employment**

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

Date of Application \_\_\_\_\_ 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 Seasonal \_\_\_\_ Part Time Seasonal

Time of day available \_\_\_\_ Day Time \_\_\_\_ Night Time \_\_\_\_ Any 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, certifications, or skills


**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

my network places/shared docs front office/staff forms/employment application

Do you have any specialization in any activities, like Arts & Crafts, Dancing, Waterfront Activities, Pool Activities, Dramatics, Music, Nature, Sports or Other Activities in which you would be willing to share with the campers? Please list below.


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 synopsis, including specialized training in camping, and experience or training in other fields which might have a bearing on the positions(s) for which you applying for.


Dates Available From \_\_\_\_\_ To \_\_\_\_\_

Position Applied For:     Counselor     Nurse     Lifeguard     Kitchen Help     Boat Driver  
                                  Train Driver     Arts & Crafts     Music     Float     Games/Activities

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 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.

4-23  
A.

State of Illinois  
Department of Children and Family Services

**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.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 \_\_\_\_\_

<b>Submit by mail OR fax OR email.</b>
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

**Please type, use bold letters or label:**

217-895-3658 (Submitting Agency Fax Number)  
officemanager@campnewhopeillinois.org (Submitting Email Address)  
Camp New Hope (Agency Name)  
Paul Semple (Contact Person)  
PO Box 764 (Address)  
Mattoon, IL (City/State/Zip)

Print Form

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

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 criminal offenses. We will review the offenses accordingly and determine if a waiver may be granted.

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 criminal offenses where a waiver is not granted.

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 Inc, has the option, but not the obligation, to retain you.

**ACKNOWLEDGEMENT**

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

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**AUTHORIZATION FOR RELEASE OF CONSUMER INFORMATION  
(EMPLOYMENT PURPOSE)**

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

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**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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