

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

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.

Email: _____
Phone number: _____

CFS 689
Rev 7/2012

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 _____

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

Please type, use bold letters or label:
217-895-3658
officemanager@campnewhopeillinois.org
Camp New Hope
Paul Semple
PO Box 764
Mattoon, IL

(Submitting Agency Fax Number)
(Submitting Email Address)
(Agency Name)
(Contact Person)
(Address)
(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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