

**CORNERSTONE HOUSE OF SANTA BARBARA
HAPPY ADVENTURE SUMMER CAMP 2008
CAMP COUNSELOR EMPLOYMENT APPLICATION**

Date of Application: _____

AN EQUAL OPPORTUNITY EMPLOYER

Name: _____ Birthdate (Optional): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Social Security Number: _____

GENERAL INFORMATION

Position applied for: _____

Available to work: Week # 1 Week # 2 Week # 3
 August 4-August 8 August 11-August 15 August 18-August 22

Date available to start work: _____

Available for Orientation & training prior to Summer Camp Yes No
(Dates will be given to you at the time of employment)

If you are not a U.S. Citizen, do you have the permit to work in the U.S.? Yes No

Have you been convicted of a felony within the last seven years? Yes No
 (A conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

If yes, please explain _____

Have you ever applied for a position with or worked for this Company before? Yes No
 If yes, specify dates: From: _____ To: _____

EDUCATION

	Name and Address of School	Major	Years	Graduate?
High School				
College				
Other (Specify)				

Please Identify and explain all periods of unemployment in excess of one month during the past 5 yrs:

Period of Unemployment:

Reason for Unemployment:

From:

To:

To assist us to check records and to verify prior employment and education, please indicate whether you were ever employed or enrolled under a name other than that used on this application:

YES

NO

If yes, please specify the name you were employed or enrolled under:

If you are employed now, may we contact your current employer?

YES

NO

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations?

YES

NO

If necessary, please indicate what type(s) of reasonable accommodations are needed:

Please list any job-related professional, trade, business or civic activities, organizations, and associations (You may omit those which indicate race, color, religion, national origin, age, sex or the existence of a disability)

Please provide the names, addresses, and telephone numbers of at least three references who are not related to you. At least one reference should be a professional reference.

CORNERSTONE HOUSE OF SANTA BARBARA

Person to be contacted in the event of an accident or emergency:
Name:
Relationship:
Address:
Telephone:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge. I agree to have any of the statements checked by Cornerstone House of Santa Barbara unless I have indicated to the contrary. I authorize the references listed above as well as all other individuals whom the Company contacts to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer of employment, or if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further agree that my employment and compensation can be terminated at-will, with or without cause, and with or without notice at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the president of the Company may not alter the at-will nature of the employment relationship unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship, that it is final and fully binding, and that there are no oral or collateral agreements regarding this issue.

I understand that the position for which you have applied is a temporary position, if hired, your job will be only for the duration of Happy Adventure Summer Camp, and thereafter you will not be longer employed by Cornerstone.

I also understand that my employment with Cornerstone is voluntary and I'm free to resign at any time. Similarly, Cornerstone is free to terminate its employment relationship with me at any time without cause.

No employee or representative of Cornerstone is authorized to enter into any agreement of employment for any specified period of time, or to make any agreement contrary to the foregoing, except by written authorization of the President of the company.

I also understand that all offers of employment are conditional on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States, as well as the satisfactory completion of a post-offer medical examination.

Signature of Applicant

Date

POTENTIAL EMPLOYEE REFERENCE CHECKS

To be completed by a supervisor prior to a potential employee hire.

DATE CONTACTED: _____

PERSON CONTACTED / TITLE: _____

RELATIONSHIP TO APPLICANT: _____

PROFESSIONAL PERSONAL

IF PROFESSIONAL:

a. DATES OF EMPLOYMENT: _____

b. ELIGIBLE FOR REHIRE: _____

c. JOB DESCRIPTION: _____

d. OTHER COMMENTS: _____

NAME OF SUPERVISOR CHECKING REFERENCE _____

SIGNATURE / DATE _____

DATE CONTACTED: _____

PERSON CONTACTED / TITLE: _____

RELATIONSHIP TO APPLICANT: _____

PROFESSIONAL PERSONAL

IF PROFESSIONAL:

a. DATES OF EMPLOYMENT: _____

b. ELIGIBLE FOR REHIRE: _____

c. JOB DESCRIPTION: _____

d. OTHER COMMENTS: _____

NAME OF SUPERVISOR CHECKING REFERENCE _____

SIGNATURE / DATE: _____

DATE CONTACTED: _____

PERSON CONTACTED / TITLE: _____

RELATIONSHIP TO APPLICANT: _____

PROFESSIONAL PERSONAL

IF PROFESSIONAL:

a. DATES OF EMPLOYMENT: _____

b. ELIGIBLE FOR REHIRE: _____

c. JOB DESCRIPTION: _____

d. OTHER COMMENTS: _____

NAME OF SUPERVISOR CHECKING REFERENCE _____

SIGNATURE / DATE: _____