



**Previous Employment - List ALL employers for the last 5 years (use separate sheet if necessary)**  
*(Previous employers may be contacted for verification and reference purposes)*

<b>1</b>	Employers Name	Telephone
	Address	Supervisor
	Job Duties	Dates of Employment
	Reason For Leaving	

<b>2</b>	Employers Name	Telephone
	Address	Supervisor
	Job Duties	Dates of Employment
	Reason For Leaving	

<b>3</b>	Employers Name	Telephone
	Address	Supervisor
	Job Duties	Dates of Employment
	Reason For Leaving	

**PERSONAL REFERENCES:** Give names and addresses of three persons whom have knowledge of your character, related experience and/or ability.

<b>1</b>	Name	Telephone
	Address	Relationship

<b>2</b>	Name	Telephone
	Address	Relationship

<b>3</b>	Name	Telephone
	Address	Relationship

List the following information for any previous camping related jobs (use separate sheets if necessary)

Employers Name	Telephone
Address	Supervisor
Job Duties	Dates of Employment

List school, church, and other activities in which you have participated and positions of leadership held ( youth group, dramatics, student Gov., sports, etc..) \_\_\_\_\_

\_\_\_\_\_

Hobbies or Interests - \_\_\_\_\_

**SKILL CHART** Use the following numbers to indicate your skills:

- |   |   |
|---|---|
| 1. No knowledge / I'm not interested in | 4. Considerable experience & skill/ able to assist person in charge |
| 2. Little knowledge but interested      | 5. Some leadership & teaching experience.                           |
| 3. Have had experience as a participant | 6. Able to organize & teach as person in charge                     |

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Farming              | <input type="checkbox"/> Group (Team) games | <input type="checkbox"/> Native American Studies | <input type="checkbox"/> Day Camp Programs        |
| <input type="checkbox"/> Food Service Adm.    | <input type="checkbox"/> Rowing             | <input type="checkbox"/> Swimming                | <input type="checkbox"/> Western Horseback Riding |
| <input type="checkbox"/> Cook (short order)   | <input type="checkbox"/> Canoeing           | <input type="checkbox"/> Competitive swim        | <input type="checkbox"/> English Horseback Riding |
| <input type="checkbox"/> Cook (institutional) | <input type="checkbox"/> Canoe Tripping     | <input type="checkbox"/> Sailing                 | <input type="checkbox"/> Rock Climbing            |
| <input type="checkbox"/> Bookkeeping (store)  | <input type="checkbox"/> Outpost camping    | <input type="checkbox"/> Campfire Programs       | <input type="checkbox"/> Kayaking                 |
| <input type="checkbox"/> Secretarial          | <input type="checkbox"/> Hiking             | <input type="checkbox"/> Fishing                 | <input type="checkbox"/> Challenge Courses        |
| <input type="checkbox"/> Drama                | <input type="checkbox"/> Archery            | <input type="checkbox"/> Photography             | <input type="checkbox"/> Windsurfing              |
| <input type="checkbox"/> Nursing (RN) (LPN)   | <input type="checkbox"/> Outdoor Cooking    | <input type="checkbox"/> Woodworking             | <input type="checkbox"/> Music Instrument _____   |
| <input type="checkbox"/> Dance                | <input type="checkbox"/> Nature             | <input type="checkbox"/> Arts & Crafts           | <input type="checkbox"/> Music Choral             |

Other skills that may be used in camp \_\_\_\_\_

**Voluntary Disclosure Statement** (In an effort to maintain confidentiality, this portion of the application may not be duplicated.)

- Previous residence(s) for last 5 years (including college and home residences)

City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

- Do you use illegal drugs? Yes No
- Has your driver's license ever been suspended or revoked? Yes No
- Have you ever been charged with child neglect or abuse? Yes No
- Have you ever been convicted of any crimes against children? Yes No
- Have you ever been convicted of offenses related to obscenity, pornography, or crimes involving minors? Yes No
- Have you ever been convicted of a criminal offense? Yes No
- Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? Yes No
- Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order of protection? Yes No
- Have your parental rights ever been terminated for reasons involving g sexual or physical abuse of children? Yes No
- Other than the previous; is there any fact or circumstances involving you or your background that would call into question you being entrusted with the supervision, guidance, and care of young people? Yes No

**Explain any Yes answers in full on an attached sheet.**

Do you have any impairment, physical or mental, which would interfere with your ability to perform the job for which you have applied?

Yes No If so what? \_\_\_\_\_

**Applicants Affidavit**

I affirm that the information provided by me in this application for employment is true and correct without consequential omission of any kind whatsoever. I agree that Camp Anokijig shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me in this application. I also authorize the companies, schools, or persons named by me to give any information they may have regarding me, whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void and if employed, would be reason for discipline or termination. I expressly release any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment, from liability for disclosing, to Camp Anokijig any knowledge or information thereby required. If you decide to investigate my personal, criminal, credit, motor vehicle, or work history, I authorize you to do so. If a report is obtained from a consumer reporting agency you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of that information contained in the report. I fully understand and agree that the submission of this application does not obligate Camp Anokijig to offer me a job, continue to employ me in the future, or obligate me to accept a job.

\_\_\_\_\_ Date \_\_\_\_\_ APPLICANTS PRINTED NAME \_\_\_\_\_ APPLICANTS SIGNATURE



Please fill out only the top portion of this form and return with application.  
**Camp Anokijig will make contact with the references**

Telephone Reference Form for Camp Staff  
(Please type or print)

Name of Applicant: \_\_\_\_\_  
(Applicant Name)

Position Applied For: \_\_\_\_\_

I \_\_\_\_\_ do hereby give my permission to \_\_\_\_\_  
(Applicant Name) (Company or reference name will be inserted here at time of reference check)  
to release any and all information regarding my employment or personal character history to Camp Anokijig.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Hello, I am \_\_\_\_\_ with Camp Anokijig. \_\_\_\_\_ has given us  
you name as a reference to verify his/her character and ability to work as a staff member here. This call will be  
kept confidential and used only to determine \_\_\_\_\_ ability to work at camp.  
\_\_\_\_\_ will be working directly with children age 7 – 17. If you have time, I would like to  
ask you a few questions to help us determine their potential success with this program.

Your Name \_\_\_\_\_ Representing \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

1. How long have you known the applicant?
2. In what capacity have you been associated with the applicant? (If employer, please indicate the position the applicant held)
3. What would you say are the person's Strong Points?
4. The applicant will be living & working directly with children. Do you have any reservations about this person being employed in a resident youth setting?
5. If you had/have children, would you be willing to leave them under the applicant's care? Why or Why not?
6. Is he/she eligible for rehire? Y N N/A

[OVER]

	Below Average		Average		Above Average		Excels		No Info
	1	2	3	4	5	6	7	8	N/A
a. Displays pride in appearance									
b. Displays enthusiasm									
c. Is resourceful									
d. Is able to adjust to new situations									
e. Displays mature									
f. Gains & holds respect & confident of associates									
g. Demonstrates initiative									
h. Displays concern for others									
i. Displays evenness of disposition									
j. Independently seeks potentially new learning situation									
k. Accepts suggestions and criticisms									
l. Thinks and acts independently									
m. Relates to children									
n. Exhibits a sense of humor									
o. Ability to live in a group setting									
p. Is Flexible									
q. Has common sense									
r. Responsible work habits (punctuality, etc)									
s. Is trustworthy and honest									
t. Displays a caring attitude									
u. Exhibits respectable behavior									

Any other information you would like to share that will help us assess capabilities?

Please Return to:

Camp Anokijig  
W 5639 Anokijig Lane  
Plymouth, WI 53073

Phone: 1-800-741-6931  
920-893-0782  
Fax: 920-893-0873

# MOTOR VEHICLE RECORD RELEASE AND AUTHORIZATION FORM

To: Motor Vehicle Records Agency or Department of the state of \_\_\_\_\_

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my prospective or present employer and its insurance agency, whose names and addresses are as follows:

Name and address of Employer:   Camp Anokijig  
  W5639 Anokijig Ln  
  Plymouth, WI 53073

Email address of employer:       [darinh@excel.net](mailto:darinh@excel.net)

Name of Insurance Agent         Johnson Insurance Services, Inc.

This authorization shall continue in effect until revoked by the undersigned in a subsequent written notice delivered to you.

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

Address: \_\_\_\_\_

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

Driver's License Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_