



STAFF APPLICATION FOR EMPLOYMENT

OFFICE ONLY

Date Rec'd: ___/___/___
Interview Date ___/___/___
Hire Date ___/___/___
Initials _____

ANOTHER BEST DAY

Our mission is to provide individuals with disabilities an enriched life experience through recreation, advocacy, and meaningful relationships.

PERSONAL INFORMATION

DATE: _____ NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PERMANENT ADDRESS (if different from above): _____

CITY: _____ STATE: _____ ZIP: _____

PERMANENT PHONE: _____ CELL PHONE: _____

EMAIL: _____

ARE YOU 18 OR OVER?: Yes No IF NO, WHAT IS YOUR BIRTH DATE: _____

HOW DID YOU HEAR ABOUT IKUS?:

POSITION APPLIED FOR

POSITION APPLIED FOR: _____

HOURS: _____

DATES YOU ARE AVAILABLE TO WORK: _____



IKUS is an equal opportunity employer

0-1859 Lake Michigan Dr.
Grand Rapids, MI 49534

MAILING: PO Box 97
Grandville, MI 49468

Ph: 616.677.5251
Fax: 616.677.2955



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EDUCATION, TRAINING, AND BACKGROUND INFORMATION

NAME OF HIGH SCHOOL: _____

DATES: _____ HIGHEST GRADE COMPLETED OR CURRENTLY ENROLLED: _____

COLLEGE OR UNIVERSITY: _____

DATES: _____ HIGHEST YEAR COMPLETED OR CURRENTLY ENROLLED: _____

PLEASE LIST YOUR COURSE OF STUDY OR DEGREE: _____

CURRENT CERTIFICATIONS: First Aid CPR Lifeguard Ropes Course EMT Other: _____

VALID DRIVER'S LICENSE?: Yes No STATE: _____ OPERATOR/CHAUFFEUR LICENSE?: _____

DO YOU HAVE AN ACCEPTABLE DRIVING RECORD?: Yes No IF NO, EXPLAIN: _____

ARE THERE ANY RESTRICTIONS ON YOUR LICENSE?: _____

HAVE YOU EVER DRIVEN A 15 PASSENGER VAN?: Yes No

WORK EXPERIENCE

DATES EMPLOYED: _____ EMPLOYER: _____

POSITION: _____ REASON FOR LEAVING: _____

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POSITION: _____ REASON FOR LEAVING: _____

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PERSONAL REFERENCES

List 3 three personal references and do not include relatives:

1 NAME: _____

PHONE: _____ EMAIL: _____

RELATIONSHIP TO YOU: _____

2 NAME: _____

PHONE: _____ EMAIL: _____

RELATIONSHIP TO YOU: _____

3 NAME: _____

PHONE: _____ EMAIL: _____

RELATIONSHIP TO YOU: _____

EXPERIENCES**WHY DO YOU DESIRE TO WORK AT IKUS?****LIST AND DESCRIBE ANY EXPERIENCES YOU HAVE HAD THAT EFFECT YOUR OUTLOOK ON INDIVIDUALS WITH DISABILITIES:**

WHAT SPECIAL CONTRIBUTIONS DO YOU THINK YOU CAN BRING TO IKUS?

WHAT ELSE SHOULD WE KNOW ABOUT YOU?

If necessary, you may attach a separate sheet

EMERGENCY CONTACT

NAME: _____ RELATIONSHIP TO YOU: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____





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PLEASE READ THIS CAREFULLY BEFORE SIGNING

I understand that submission of this application does not assure that I will be employed. I certify that the statements made by me in this application are true and complete. I understand that any false statement on this application may cause rejection of the application, or dismissal if such false statement is discovered subsequent to employment.

I hereby give Indian Trails Camp permission to investigate my employment history, police record, character, general reputation, and all other matters in which they have legitimate interest, and authorize any person or firm contacted by them to give them all requested information. I expressly waive any right to receive written notice of the provision of such information or reports.

I understand that I have the right to request that the Camp fully and accurately disclose to me the nature and scope of all investigations, provided I make a written request to the Executive Director within a reasonable period of time after filling out this application. I understand that if offered employment, the offer is dependent upon my satisfactorily passing a physical examination and associated laboratory test, which may include drug and alcohol screening. Should I be offered employment, I hereby authorize and direct all medical personnel to provide copies of examination and test results and reports to Indian Trails Camp.

I understand that employment shall be at such terms and conditions as the Executive Director may determine and change from time to time and is based upon the requirement that the employees become familiar with and abide by the rules, regulations, policies, and procedures of the Camp as may be established and change from time to time. Such employment can be terminated by the Executive Director at any time, with or without notice, regardless of any other forms, manuals, handbooks, etc.

I understand that no one except the Director has the authority to enter into any agreement for employment on other than a "terminable at will" basis, and that no such agreement shall be effective or binding unless it is in writing, signed by the parties and subsequently ratified by resolution of the Board of Trustees of Indian Trails Camp.

I acknowledge that I have read and understand the foregoing disclosures, waivers, releases, and agreement.

SIGNED: _____ **DATE:** _____

Thank you for applying for a position with Indian Trails Camp. This application will remain active for a period of six (6) months from the date of completion. Should you wish to reactivate or amend your application at the end of this six (6) month period, please notify the Director of Program Services in writing at that time.

(All statements become a part of any future employee's personnel files.)



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