



Application for Employment

Bloomfield SCAMP
Recreation Office
7273 Wing Lake Road
Bloomfield Hills, MI 48301

Phone: (248)433-0885
Fax: (248)341-6449
Email:
scampfun@bloomfield.org

NOTE: New applicants - Carefully complete entire application.

CONTACT INFORMATION

Name _____ Date of Application _____

Have you worked for Bloomfield Hills Schools in the past? YES NO If yes, give history on page 2.

Address _____

Phone _____ Cell Phone _____

Email Address _____

EDUCATION

Are you attending school currently? YES NO

High School/College/Higher Education Location Course of Study Dates/Degrees

EMPLOYMENT (Please number and list most recent first)

Agency Supervisor (Applicant)Position Location Phone # Dates

REFERENCES

New applicants: List 3 references on the below lines. References will be verified.

Name E-mail Address Phone # Relationship

1 _____

2 _____

3 _____

SUPPLEMENTAL QUESTIONS FOR ALL NEW APPLICANTS

Please answer, on a separate sheet of paper, the following:

1. What contribution can you make as a staff member at SCAMP? Include why you want to work with individuals with disabilities.
- 2 Write a brief biographical sketch including your experience working with individuals with disabilities.
3. What should a child receive from their experience at SCAMP?
- 4 What are your memorable moments working with children and adults with disabilities (include good and bad)?

ALL APPLICANTS

The essential functions of the job include, but are not limited to, providing direct supervision of campers and ensuring their safety/well being. Staff must be able to manage a group of campers and to respond to emergencies.

Are you able to perform these functions? YES NO

If not, what accommodation would you require to perform these functions? _____

CERTIFICATIONS

Please describe any certifications or training that may be useful for a camp volunteer.

Name of Certification

Issuing Organization

Expiration Date

First Aid _____ CPR _____

Registered Nurse _____

Other _____

Special skills or qualifications that relate to work desired _____

PREFERENCES

Type of work/position/ desired (please rank according to preference)

_____ Teacher _____ Activity Leader

_____ Paraprofessional _____ Senior Counselor

For ordering staff T-shirts, please indicate size desired size: _____

Please read and sign:

I authorize the investigation of all statements contained in this application and hereby authorize the investigation of all references.

I understand that misrepresentations or omission of facts is cause for dismissal.

SIGNATURE _____ **DATE** _____

Bloomfield Hills Schools is an equal opportunity employer. It does not discriminate on the basis of race, color, national origin, creed, age, religion, sex, height, weight, marital status, handicap, or any other reason prohibited by applicable laws. No person shall be denied employment solely because of any handicap or disability, which is unrelated to the individual's ability to do the essential functions and duties of the job with or without accommodation. Michigan law requires that a person with a disability or handicap requiring accommodation for employment notify the employer in writing within 182 days after the need is known.