



HARTFORD'S CAMP COURANT APPLICATION FOR EMPLOYMENT

Position(s) for which you are applying _____

Name _____ Birth Date _____

Home Phone (_____) _____ Secondary (_____) _____

Address _____ City _____ State _____ Zip _____

(Permanent)

Address _____ City _____ State _____ Zip _____

(Current address if different)

E-Mail _____ Cell Phone (_____) _____ Fax No. (_____) _____

Did you attend Hartford's Camp Courant as a child? Yes No If yes, what year? _____

EDUCATION

Circle highest grade expected to be completed as of June 2021:

High School
1 2 3 4

College
1 2 3 4

Graduate School
1 2 3 4

Name of High School or Trade School _____

Area of Study (if applicable) _____

College Name _____ Major/Degree _____

Graduate School _____ Major/Degree _____

What other languages do you speak? _____

List your experience with children and any other relevant experience _____

List school activities and positions held _____

Check the certificates you hold and indicate dates of expiration

First Aid _____ Date _____ CPR _____ Date _____ WSI _____ Date _____

SR Lifesaving _____ Date _____ Life Guard Training _____ Date _____ Other _____

Date _____

What hobbies or skills you have that you can bring to Hartford's Camp Courant?

	CAN LEAD	CAN ASSIST		CAN LEAD	CAN ASSIST		CAN LEAD	CAN ASSIST
Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	Four Square	<input type="checkbox"/>	<input type="checkbox"/>	Relay Games	<input type="checkbox"/>	<input type="checkbox"/>
Arts & Crafts	<input type="checkbox"/>	<input type="checkbox"/>	Group Singing	<input type="checkbox"/>	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	<input type="checkbox"/>
Badminton	<input type="checkbox"/>	<input type="checkbox"/>	Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	Softball	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	Lifeguarding	<input type="checkbox"/>	<input type="checkbox"/>	Story Telling	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>	Low Ropes Course	<input type="checkbox"/>	<input type="checkbox"/>	Touch Football	<input type="checkbox"/>	<input type="checkbox"/>
Dancing	<input type="checkbox"/>	<input type="checkbox"/>	Macramé	<input type="checkbox"/>	<input type="checkbox"/>	Track/Field	<input type="checkbox"/>	<input type="checkbox"/>
Double Dutch	<input type="checkbox"/>	<input type="checkbox"/>	Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	<input type="checkbox"/>
Dramatics	<input type="checkbox"/>	<input type="checkbox"/>	Musical Instrument	<input type="checkbox"/>	<input type="checkbox"/>	Woodworking	<input type="checkbox"/>	<input type="checkbox"/>
Draw/Sketch	<input type="checkbox"/>	<input type="checkbox"/>	Type of Instrument:			Wrestling	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Instruction	<input type="checkbox"/>	<input type="checkbox"/>	_____			Other	<input type="checkbox"/>	<input type="checkbox"/>

Federal law requires you to provide verification of your identity and authorization to work in the United States on or before your first day of work.

Will you be able to do so? Yes No

If we make you a job offer, a criminal and Social Security number background check will be done. Also, a urinary drug testing must be completed within 48 hours of accepting the job and, you must have a physical exam on file dated after August 31, 2018.

Are you willing to adhere to these conditions? Yes No

EMPLOYMENT HISTORY

Please indicate your most recent employment

Name of Employer _____

Address of Employer _____

Dates Worked _____

Name of Supervisor _____

Position _____

Major Duties _____

Reason for Leaving _____

Please indicate your most recent Camp or Camp related employment

Name of Employer _____

Address of Employer _____

Dates Worked _____

Name of Supervisor _____

Position _____

Major Duties _____

Reason for Leaving _____



STAFF REFERENCE
(Applicant - give one form to each reference)

Authorization for Release of Information

In order for Hartford's Camp Courant to assess and verify my educational background, professional qualifications, and suitability for employment, I:

--authorize Hartford's Camp Courant to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, professional organizations, and/or persons, agencies, organizations or institutions listed by me as references, and to any other appropriate sources to whom Hartford's Camp Courant may be referred by those contacted;

--authorize release of such information and copies of records and/or documents to Hartford's Camp Courant as Hartford's Camp Courant deems appropriate in assessing my qualifications for employment;

--release from liability those who obtain information about me pursuant to this release, or who provide information in good faith to Hartford's Camp Courant pursuant to this authorization;

--authorize Hartford's Camp Courant to disclose to third-parties such personally identifiable information and other information about me which is necessary to enable Camp Courant to obtain information pursuant to this authorization.

Print Name _____

Signature _____ **Date** _____

_____ has applied for a position on the staff of Hartford's Camp Courant. Your name has been given as one who can give us information regarding the qualifications of the above person.

How long have you known the applicant?

In what capacity have you known the applicant?

Why do you feel this applicant should be considered for employment at Hartford's Camp Courant?

Please write any other comments that might be helpful. (Use other side, if needed)

Your Name _____ Telephone Number (_____) _____

Address _____ City _____ State _____ Zip Code: _____

Title _____

Additional Attachments

PLEASE RETURN PROMPTLY TO: **Hartford's Camp Courant**
P. O. Box 207
Hartford, CT 06101-8365

Thank you for your help.



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Camp Courant

Disclosure and Authorization Form

In the interest of maintaining the safety and security of our customers, employees, and property, Camp Courant (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes. Research Services LLC (the "Consumer Reporting Agency ") will prepare the background report for the Company.

The background report may contain information concerning your mode of living, character, general reputation, personal characteristics, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries.

I also authorize the following agencies and entities to disclose to the Consumer Reporting Agency and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to the Consumer Reporting Agency and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and drug testing.

Under the Fair Credit Reporting Act, the employer is required to inform you if an offer of employment is withheld due, in whole or in part, to information contained in a Report and, if you request in writing and with the proper identification, Research Services LLC will provide you a copy of the Report.

Criminal History* Have you ever been convicted of a crime? No Yes If Yes: State: _____

*You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a, (2) that criminal records subject to erasure pursuant to section 46b-146, 54-76o or 54-142a are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and (3) that any person whose criminal records have been erased pursuant to section 46b-146, 54-76o or 54-142a shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

I have thoroughly read the foregoing and I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports during my employment, including investigative consumer reports, from companies other than the Consumer Reporting Agency without asking for my authorization again as allowed by law. **I also agree that a copy of this form is valid like the signed original for the duration of employment.** I certify that all of the personal information I provide is true and accurate.

First Name _____

Middle _____

Last Name _____

Signature of Releasor _____

Date: _____

Camp Courant

Background Check Information

The information requested below is collected solely for the purpose of aiding the Company you have applied to in connection with your application for employment. Please provide the information below to assist in conducting a thorough background check.

First Name _____ Middle Name _____ Last Name _____

Enter Any Other Names Used (Including Maiden Names)

First Name _____ Last Name _____ Last Used: _____

First Name _____ Last Name _____ Last Used: _____

First Name _____ Last Name _____ Last Used: _____

DOB ____/____/____ (M/D/Y) Social Security Number ____ - ____ - _____

Driver's License # _____ State Issued In ____ Expiration Date ____/____/____

Addresses Used within the last 7 years (Use separate sheet if needed)

- **Present** Street Address _____
City/State/Zip _____
- **Previous** Street Address _____
City/State/Zip _____
- **Previous** Street Address _____
City/State/Zip _____

Last School/College Attended _____ State _____ Last Year attended _____

Did you graduate? Yes / No If yes, circle one GED / Diploma / Degree

What Name did you Graduate Under? _____

Signature _____ **Date** _____

<p>For Employer Use only Requested by _____ Phone Number _____ Fax Number _____ Criminal (Indicate states) _____ Driver's History ____ Employment _____ Education _____ Social Security _____ Sex Offender Registry _____ Credit Report _____ National Criminal _____ Fax to 860-678-1996 or 860-678-0099 Email: contact@researchservicesllc.com</p>
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STATE DISCLOSURES

This page is for your records

CALIFORNIA: You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. The Consumer Reporting Agency can answer questions about the information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting Agency. You will get this information within 5 business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for a free copy of the report.

MARYLAND: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from the Consumer Reporting Agency. You may inspect and order a free copy of the report by contacting the Consumer Reporting Agency.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from the Consumer Reporting Agency, and you will be provided with the name and address of the Consumer Reporting Agency. You may inspect and order a free copy of the reports by contacting the Consumer Reporting Agency. By signing below, you certify you have received a copy of **Article 23A** of the New York Correction Law is being provided with this form.

OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask the Consumer Reporting Agency for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your creditworthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

This page is for your records