



# CAMP HELEN BRACHMAN



9341 ASBURY DR. ALMOND, WI 54909  
PHONE: 715-366-2234 FAX: 715-366-2236

## RETURNING STAFF APPLICATION

_____	_____	_____	_____ M / F
Last Name	First Name	Middle Initial	Gender
_____	_____	_____	_____
Mailing Address	City	State	Zip Code
(_____) _____	(_____) _____	_____	_____
Home Phone	Cell Phone	Email Address	
_____	_____	_____	
Position Applying For	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	

### Certifications/Training List Expiration Date

_____ Lifeguard	_____ CPR	_____ Boating Safety
_____ EMT	_____ First Aid	_____ Other

	<u>YES</u>	<u>NO</u>
Camp Helen Brachman is a drug and alcohol free workplace. We reserve the right to do random drug testing. Will you comply with this policy?	<input type="checkbox"/>	<input type="checkbox"/>
If the position you apply for is filled would you be willing to consider another position?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the information given herein and accompanying resume or documentation is true and complete to the best of my knowledge. I authorize investigation of all statements this information contains as may be necessary in arriving at an employment decision; including, but not limited to, contacting my current or former employers and contacting references. In the event of employment, I understand that false or misleading information given herein or during my interview(s) may result in dismissal.

I understand that this application does not create a contract of employment. I understand that if hired I am obliged to comply with any and all current or subsequently adopted Camp Helen Brachman policies. I agree if I am hired, my employment is for no definite period of time, and may, regardless of date of payment of my wages or salary, be terminated at any time with or without reason, and for any reason.

I have read everything in the staff application packet and to the best of my knowledge, I meet the minimum qualifications for the position(s) I have applied for.

\_\_\_\_\_  
Signature of applicant \_\_\_\_\_  
Date