

Application for Summer Employment
Isanogel, A Division of Hillcroft Services, Inc.
Autism Day Camp Program

7601 W Isanogel Rd.
Muncie, IN 47304
Phone (765) 288-1073
Fax (765) 288-3103
Email: isanogel@comcast.net

Personal Information:

Name: _____ SS#: _____-_____-_____
Phone #1: _____ Phone #2: _____
Email Address: _____
T-Shirt Size: XS S M L XL XXL XXXL
Permanent Address: _____
City, State, and Zip: _____
School Address: _____
City, State and Zip: _____
School Address Valid Until: _____

Availability

Dates Available: From _____ to _____
Please check the position(s) you are most interested in.
Teacher Tutor Counselor

Emergency Contact Information:

| Name | Phone #1 | Phone #2 | Relationship to Staff |
|------|----------|----------|-----------------------|
| | | | |
| | | | |

Do you currently have medical or hospitalization insurance? yes no
If yes, list insurance company and policy number: _____

FORMAL EDUCATION & TRAINING:

Check highest education completed: GED HS Associate College degree

| Office Use Only | | |
|--|-------|-------|
| Date cleared for hire by HR: _____ for the position of _____ | | |
| Reviewed by VP of HR <input type="checkbox"/> Date: _____ | | |
| Recommended by/Name | Title | Date |
| _____ | _____ | _____ |
| Recommended by/Name | Title | Date |
| _____ | _____ | _____ |
| Approved by: _____, President/CEO Date _____ | | |

Employment History:

| | Position One | Position Two | Position Three | Position Four |
|---------------------|---|---|---|---|
| Employer | | | | |
| Supervisor Name | | | | |
| Position Held | | | | |
| Dates of Employment | From _____ To _____ | From _____ To _____ | From _____ To _____ | From _____ To _____ |
| Phone Number | | | | |
| Address | | | | |
| City, State and Zip | | | | |
| Reason for Leaving | <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Involuntarily Resigned <input type="checkbox"/> Elimination of Position or layoff <input type="checkbox"/> Moved away <input type="checkbox"/> Other | <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Involuntarily Resigned <input type="checkbox"/> Elimination of Position or layoff <input type="checkbox"/> Moved away <input type="checkbox"/> Other | <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Involuntarily Resigned <input type="checkbox"/> Elimination of Position or layoff <input type="checkbox"/> Moved away <input type="checkbox"/> Other | <input type="checkbox"/> Discharge <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Involuntarily Resigned <input type="checkbox"/> Elimination of Position or layoff <input type="checkbox"/> Moved away <input type="checkbox"/> Other |

Please Explain Any Gaps In Employment:

Personal References: Please do not list family members

| | Reference One | Reference Two | Reference Three |
|---------------------------|---------------|---------------|-----------------|
| Name | | | |
| Relationship to Applicant | | | |
| Phone Number | | | |
| Address | | | |
| City, State and Zip | | | |
| Years/Months Known | | | |

References:

Please note, that in compliance with agency policy, Isanogel staff will complete a minimum of three references on each applicant prior to employment. Efforts will be made to obtain two employment and one personal reference.

Education and Training Information

Please list high school and beyond

| Years | School | Major/Area of Study | Degree Granted |
|-------|--------|---------------------|----------------|
| | | | |
| | | | |

Camp Experience:

| Dates | Camp Director | Location | Camper or Staff |
|-------|---------------|----------|---|
| | | | <input type="checkbox"/> Camper <input type="checkbox"/> Staff |
| | | | <input type="checkbox"/> Camper <input type="checkbox"/> Staff |
| | | | <input type="checkbox"/> Camper <input type="checkbox"/> Staff |

Student/Professional Organizations:

| Dates | Organization | Location |
|-------|--------------|----------|
| | | |
| | | |
| | | |

Certifications and Support Skills:

Please check the following with which you have experience. Please mark a "C" next to those with which you hold a certification and attach a copy of your certification.

Health Safety

- CPR
- First Aid
- Life guarding
- Registered Nurse/LPN
- EMT

Food Service

- Cooking/Meal Preparation
- Food Handler's Certification
- Menu Planning
- Purchasing
- Sanitation

Activities and Leadership Experience:

Please briefly summarize any activities and/or leadership experiences that may assist you in completing job functions (i.e. student organizations, leadership courses, etc...).

| Dates | Location | Activity/Leadership Experience |
|-------|----------|--------------------------------|
| | | |
| | | |
| | | |

Please describe any experience you have, either professionally or personally, in working with children and/or adults with disabilities.

What are your primary goals for working at Isanogel this summer?

What do you think are your greatest assets to contribute to the camp community?

What do you think are some areas that may challenge you in contributing to the camp community?

Are there any reasons you may have difficulty in performing any of the essential functions of the job for which you are applying? (i.e. working long hours, assisting campers with physical care, living in the residential camp setting)

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's age, race, creed, color, religion, individuals with disabilities, national origin, sex, sexual orientation, genetic information, marital status or family responsibilities and equally to disabled veterans and veterans of the Vietnam era. Questions directly or indirectly reflecting such status have been included *only* where needed to determine a bona fide occupational qualification. Such questions are appropriately noted on the application. Notwithstanding these efforts, this agency does not assume responsibility and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal fair employment practice laws may be based.

If hired, I agree to abide by all of the agency rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the agency or me. I further understand that no representation, whether oral or written by any representative of the agency, at any time, can constitute a contract of employment. I understand that the agency and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No agent of the agency has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the CEO or his designee.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I understand that misrepresentation or the purposeful omission of facts called for on this application is reason to disqualify me from further consideration and is grounds for termination if such items are a business necessity.

Signature: _____ Date: _____

Printed Name: _____

NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with (Hillcroft Services). **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the (HILLCROFT SERVICES .)** You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize (HILLCROFT SERVICES) to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at (HILLCROFT SERVICES). I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above. This report may be delivered in either written or electronic form.

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)
(For ID Purposes Only)

Drivers License Number

Drivers License State

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 7 Years) _____

Signature

Date

Check for CA, MN or OK applicants only, if you would like to receive a copy of the consumer report if one is obtained.

Employment Eligibility Verification

The United States Department of Homeland Security requires employers to obtain documentation verifying eligibility of all employees to work within the United States. This documentation must be obtained within three days of arrival for work assignment. As many of the employees hired for Isanogel are students and may not have ready access to forms of identification, this information has been included in the application packet to allow advance notice for providing the documentation. Please understand that if offered a staff position at Isanogel, you will be required to meet the documentation requested below prior to the close of training week in order to continue the work assignment. You are encouraged to return the documentation with your completed application if you are able to do so. You will need to supply either one document from "List A" or one document from "List B" **and** one document from "List C". Two documents from either "List B" or "List C" will not be accepted.

| List A | List B | List C |
|--|--|--|
| 1. US Passport (expired or unexpired) | 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address | 1. U.S. Social Security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address | 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) |
| 3. An unexpired foreign passport with a temporary I-551 stamp | 3. School ID card with a photograph | 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal |
| 4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B) | 4. Voter's registration card | 4. Native American tribal document |
| | 5. U.S. Military card or draft record | 5. U.S. Citizen ID Card (<i>Form I-197</i>) |
| 5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer | 6. Military dependent's ID card | 6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>) |
| | 7. U.S. Coast Guard Merchant Mariner Card | |
| | 8. Native American tribal document | 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>) |
| | 9. Driver's license issued by a Canadian government authority | |
| | For persons under age 18 who are unable to present a document listed above: | |
| | 10. School record or report card | |
| | 11. Clinic, doctor or hospital record | |
| | 12. Day-care or nursery school record | |

Hillcroft Services, Inc
114 E. Streeter Ave.
Muncie, IN 47303

Applicant Acknowledgement And Authorization to Release Reference Information

I have applied for employment with Hillcroft Services, 114 E Streeter, Muncie, IN 47303. Hillcroft provides services to children and adults with developmental disabilities in many varied avenues of services. I understand that Hillcroft will verify my education, required credentials and/or license, and previous and current employment histories as I am considered for employment.

I give full permission for Hillcroft to contact my current and former employers, business/personal references, professional organizations, educational institutions, and any other persons or organizations deemed necessary and appropriate to verify information pertaining to the job for which I am applying. I will not hold any person or organization liable for releasing such information to Hillcroft.

I understand that an employer that discloses information about a current or former employee is immune from civil liability for the disclosure and the consequences proximately caused by the disclosure unless it is proven by a preponderance of the evidence that the information disclosed was known to be false at the time the disclosure was made. (Ind. Code 22-5-3-1-b).

Applicant Signature

Applicant Printed Name

Alternate/Other Name Used

SS#

Today's Date