



Kostopulos Dream Foundation
Application for Employment

Return to: **Program Director**
Kostopulos Dream Foundation
2500 Emigration Canyon
Salt Lake City, UT 84108
(801) 582-0700 Fax: (801) 583-5176
www.campk.org Email: kdf@campk.org

Date: _____

Name: (last, first, middle) _____

Social Security #: _____ Position Applying for: _____

Current Address: _____

City: _____ St: _____ Zip: _____

Home Phone: (____) _____ Work Phone:(____) _____ Cell: _____

Email: _____

Permanent Address: (if different than current) _____

City: _____ St: _____ Zip: _____

If employed, can you provide proof of U.S. citizenship? **Y N N/A**

Are you 18 or over? **Y N** (All direct care staff or counselors must be 18, support staff 16)

Have you been convicted of a crime (including sex-related or person abuse convictions) or been imprisoned?
 (A conviction will not necessarily bar you from employment.)

Y N Explain: _____

Kostopulos Dream Foundation forbids the use or possession of alcohol or illegal drugs while under contract on camp property. Do you agree to comply with this policy? **Y N**

Is there any reason why you may not be able to perform the essential functions of the position that you are applying for? The essential functions are listed on the position description. **Y N**

EDUCATION	School/Location	Dates Attended	Field of Study	Degree
High School				
College or University				
Trade or Tech. Training				

EMPLOYMENT HISTORY Please begin with most recent employer.

Employer/Supervisor	Address/Phone	Dates Employed	Title/Duties	Reason Leaving
1.				
2.				
3.				

VOLUNTEER SERVICE

Organization Name	Phone	Dates	Duties/Training
1.			
2.			
3.			

REFERENCES List three references that are familiar with the quality of your work and you have known for 2 years.

Name	Relationship	Address	(W) Phone	(H) Phone
1.				
2.				
3.				

SKILLS

From the following list, please indicate the skill level you have with regard to these activities.

1-No experience

2-Can assist

3- Can independently lead activity

- | | | | |
|-------------------------|-------------------------|----------------|--------------|
| Outdoor cooking _____ | Overnight camping _____ | Hiking _____ | Guitar _____ |
| High ropes course _____ | Low ropes course _____ | Dance _____ | Sports _____ |
| Singing _____ | Group games _____ | Fishing _____ | Drama _____ |
| Horseback riding _____ | Arts & crafts _____ | Canoeing _____ | Nature _____ |

CERTIFICATIONS Please check those items in which you have experience and skills. Attach a copy of certification

Health/Safety	Maintenance	Food Service	Other	Business/Admin.
___ Adult CPR	___ auto mechanics	___ cooking	___ TRT	___ bookkeeping
___ Child CPR	___ carpentry	___ purchasing	___ CTRS	___ accounting
___ lifeguard	___ electrical	___ food handler's	___ MANDT	___ computer/tech
___ WSI	___ plumbing	___ waiter/waitress		___ software (list)
___ RN	___ landscape			_____
___ LPN				_____

Answer these questions only if applying for a position requiring driving. Drivers must be 21 or older.

- Do you have a valid driver's license? **Y N** State _____
- Do you have a current chauffeur's-type license? **Y N**
- Do you have a commercial driver's license? **Y N**
- Do you have a good driving record (less than three moving violations)? **Y N**

Please take a moment to fill out these questions. Limit your answers to 4-5 sentences.

1. Why do you want to work with people with disabilities?

2. Please describe how your past experiences have given you the skills or abilities to work as an effective staff member. This would include outdoor education, work with kids, or work with people with disabilities.

I, _____ authorize the Kostopulos Dream Foundation to receive information from any law enforcement agency, including police and sheriff's departments, of this, or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions for crimes committed against children or adults. You are advised that Kostopulos Dream Foundation may request a report to be prepared to verify the information provided above. Your signature below authorizes Kostopulos Dream Foundation to obtain this report. Your signature further indicates that you have received and read the application and you have answered all the questions on this form accurately and honestly. Failure to do so may result in termination of your application, or if employed, termination of your contract of employment.

Applicant Signature _____ Date _____

Parent or guardian sign if under 18 years old _____ Date _____

The Kostopulos Dream Foundation is an equal opportunity employer. We do not discriminate on basis of color, race, religion, gender, age or disability. Kostopulos Dream Foundation is an American Camping Association Accredited facility and member of the United Way