



**Kostopulos Dream Foundation**  
**Application for Employment**

**Kostopulos Dream Foundation**  
**4180 Emigration Canyon Rd**  
**Salt Lake City, UT 84108**  
**(801) 582-0700 Fax: (801) 583-5176**  
[www.campk.org](http://www.campk.org) Email: [kdf@campk.org](mailto:kdf@campk.org)

Date: \_\_\_\_\_

Name: (last, first, middle) \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Permanent Address: (if different than current) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Are you 18 or over? **Y N** (All KDF staff must be 18)

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**

<b>EDUCATION</b>	<b>School/Location</b>	<b>Dates Attended</b>	<b>Field of Study</b>	<b>Degree</b>
High School				
Trade or Technical Training				
College or University				

**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 professional references that are familiar with your work and know you for at least 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.
<input type="checkbox"/> Adult CPR	<input type="checkbox"/> auto mechanics	<input type="checkbox"/> cooking	<input type="checkbox"/> TRT	<input type="checkbox"/> bookkeeping
<input type="checkbox"/> Child CPR	<input type="checkbox"/> carpentry	<input type="checkbox"/> purchasing	<input type="checkbox"/> CTRS	<input type="checkbox"/> accounting
<input type="checkbox"/> lifeguard	<input type="checkbox"/> electrical	<input type="checkbox"/> food handler's	<input type="checkbox"/> MANDT	<input type="checkbox"/> computer/tech
<input type="checkbox"/> WSI	<input type="checkbox"/> plumbing	<input type="checkbox"/> waiter/waitress		<input type="checkbox"/> software (list)
<input type="checkbox"/> RN	<input type="checkbox"/> landscape			_____
<input type="checkbox"/> 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?

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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.

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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 accredited by American Camp Association.