



Do you have any of the following certifications? If so, please give expiration dates and attach a copy.

CPR \_\_\_\_\_ First Aid \_\_\_\_\_ Other \_\_\_\_\_

List any physical limitations or restrictions that may affect your ability to fully participate in the duties performed in a kitchen? (attach another sheet if needed)

### **MEDICAL AND PERSONAL HISTORY**

1. Please attach a separate sheet and tell us why you are interested in working at our camp, what you consider to be your strengths and weakness and what experiences you have working in an institutional kitchen.
2. Do you have any physical or medical condition that you have not described in the above section of this application that would limit your ability to perform all of the essential functions of a kitchen worker? If so, please explain on a separate sheet. You must have a current medical form on file with us which requires a physical examination in the last two years. A copy of the medical form will be sent to you with your contract if you are hired.

Have you ever been convicted of or entered a plea of guilty to any criminal charge? If so, please identify the nature of the offense and the disposition of that offense. (attach another sheet if needed)

A background check form has been sent with this application or you have printed one online. Please fill it out and return it when you return your application.

I hereby certify by my signature on the application that:

1. I am committed to offering my best effort and ability to achieving Camp Juliette Low's purposes and goals; and that I will abide by its governing rules, regulations and policies if my application is accepted.
2. I am physically and emotionally fit to fulfill the duties assigned to me;
3. I have never been held responsible or found guilty by any administrative, civil or criminal agency for any wrongful act or omission related to the neglect abuse, care or supervision of children or adolescents under the age of eighteen; and
4. I understand that the Director of Camp Juliette Low may, in her sole discretion, accept or reject my application. I further understand that my application shall not be further considered if the Director determines that the information contained in this application is incomplete or inaccurate in any material respect.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Where/when would you be available for an interview?

T-shirt size S M L XL XXL