

Please List Certifications You Hold Which Are Relevant To The Position:

(Examples: CPR, First Aid, ServeSafe, specific office skills, safety training certification, etc)

For Healthcare Staff Applicants: Please include a copy of your medical license

What type of medical license/certification do you hold? (i.e. RN, LPN, PA, MD, etc) _____

License # _____ State _____ Exp. Date (as applicable) ___/___/___

Website address for on-line license verification: _____

All support staff positions require reliable transportation to/from work. Please describe your transportation situation:

REFERENCES

(List 3 people who know you well enough to comment on your ability to perform the job. These people may not be related to you, including through marriage)

Name _____ Email _____

Day Phone: () _____ Other Phone () _____

How does this person know you? _____ For how long? _____

Name _____ Email _____

Day Phone: () _____ Other Phone () _____

How does this person know you? _____ For how long? _____

Name _____ Email _____

Day Phone: () _____ Other Phone () _____

How does this person know you? _____ For how long? _____

Previous Work or Volunteer Experience:

Employer/Organization _____ Dates: From ___/___/___ to ___/___/___

Address: _____

Name of Supervisor: _____ Contact Phone: () _____

Reason for leaving: _____

Employer/Organization _____ Dates: From ___/___/___ to ___/___/___

Address: _____

Name of Supervisor: _____ Contact Phone: () _____

Reason for leaving: _____

Military Service

___ No ___ Yes: Branch _____ From ___/___/___ to ___/___/___ Rank: _____

Accommodation Requirements Describe any conditions (physical, medical, psychological) which may limit your ability to perform certain functions and/or that may require special accommodations ___ None

___ Yes: _____

VOLUNTARY DISCLOSURE STATEMENT

First Name: _____ Last Name: _____ Middle _____

Have you ever been convicted, plead guilty to, or plead no contest to any felony? No Yes

If yes, please explain details: _____

Have you ever been convicted of, or are the subject of pending charges, of any crime? No Yes

If yes, please explain details: _____

Have you ever been convicted for use, possession, being under the influence, the manufacture, distribution, or sale of illegal drugs? No Yes

If yes, please explain details: _____

Have you ever been convicted of, or are the subject of pending charges, or are the subject of a founded complaint of child abuse or neglect? No Yes

If yes, please explain details: _____

Has your record been purged from the Child Abuse and Neglect Central Registry system? _____

Have you ever been identified of founded child abuse/neglect investigations as an involved caregiver with a founded disposition of child abuse/neglect? No Yes

If yes, please explain details: _____

I hereby attest that the information provided by me is true and that I understand that falsification of information will result in termination of employment if hired.

Signature of Applicant

____/____/____
Date

Applicant is under age 18, Signature of Parent

FAIR CREDIT REPORTING ACT

Consent to Request Consumer Report Information

I understand that the camp will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I understand that the consumer reporting agency will conduct an investigation which may include obtaining information covering up to the last seven (7) years regarding my references, character, past employment, work habits, education, general reputation, personal characteristics, credit information, driving records and criminal background.

I also understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I hereby consent to this investigation and authorize Camp Motorsport/Chef Camp to procure a report on my background as stated above from a consumer reporting agency.

Signature of Applicant

____/____/____
Date

Applicant is under age 18, Signature of Parent

PRE-EMPLOYMENT AND CONTINUED EMPLOYMENT AUTHORIZATION AND RELEASE

I understand that in connection with my application for Employment, Volunteer Services, and /or for Continuous Employment, and /or Volunteer Services, Camp Motorsport/Chef Camp, IntelliCorp, their agents, assigns or any other authorized third parties (collectively, the "Investigators") may be performing, requesting, obtaining or conducting a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History. However, unless my position involves handling money or having access to monies and /or other transferable monetary instruments, my Credit History will not be checked.

I understand that the camp may rely on any part or all of this information in determining whether to extend an offer of Employment/Volunteers' duties to me. I further understand that if any adverse action is taken by the camp, and/or if the camp chooses not to extend an offer of Employment/Volunteer duties to me based upon the information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to Employment/Volunteer assignments, and is not conducted for any purpose other than in connection with my Application for Employment, Volunteer status and/or my eligibility for Continued Employment/ Volunteer Duties.

I have read this Pre-Employment and Continued Employment/Volunteer Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for employment/volunteer duties. I hereby release any and all Investigators, including Camp Motorsport/Chef Camp, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my application.

I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested information, to disclose such information to Investigators in connection with this background check.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature _____ Date ____/____/____

Printed Name: _____ Social Security Number ____-____-____

If applicant is under 18 years old, Signature of Parent/Guardian: _____

Email completed application to office@campmotorsport.com