

CLOVERLEAF RANCH CAMP

3892 Old Redwood Hwy., Santa Rosa, CA 95403

707-545-5906 – FAX 707-545-5908

E-mail cloverleafbranch@hotmail.com

EMPLOYMENT APPLICATION

Name _____ Social Security Number ____-____-_____

Present Address _____ Phone () _____
(Street) (City, State) (Zip)

Permanent Address _____ Phone () _____
(Street) (City, State) (Zip)

E-Mail _____@_____

Are you 19 years old or older? Yes__ No__ Will you be 21 or older by June 1st? Yes__ No__

Are there any reasons you may have difficulty in performing and of the essentials elements of the job for which you are applying? Yes__ No__ Explain _____

Have you ever been convicted of a felony or misdemeanor? Yes__ No__ If yes, please explain.

Do you smoke? Yes__ No__ I understand that Cloverleaf Ranch is a non-smoking environment.
Initials ____ Smoking is only permitted during off duty times, away from children and in designated areas.

EDUCATION:

<u>College</u>	<u>Major</u>	<u>Years</u>	<u>Degree</u>
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_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT:

<u>Employer</u>	<u>Position</u>	<u>Supervisor</u>	<u>From-To</u>	<u>Phone</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CAMP EXPERIENCE:

<u>Camp</u>	<u>Camper of Staff</u>	<u>Address</u>	<u>Director/Phone</u>
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_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES:

Give complete names, addresses, and phone numbers of three persons (not relatives and preferably employers) who have knowledge of your character, experience and abilities and how they relate to the position to which you are applying.

<u>Name</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Phone</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TERMS and CONDITIONS

1. I understand that due to the nature of operations, Cloverleaf is unable to meet individual's dietary needs. We do provide nutritious, balanced meals. **Initial** _____
2. I understand that supervision requirements dictate that staff resides in the same cabin as children. **Initial** _____
3. I agree to submit fingerprinting and to a review of my State Department of Motor Vehicle driving record (for those staff required to transport others). I understand and agree that a clear record on each is considered a condition of employment. **Initial** _____

To the best of my knowledge, all of my statements are correct, and I acknowledge that any falsification of information is grounds for rejection of application or termination of employment.

Signature: _____ Date: _____

POSITIONS APPLYING FOR:

1ST _____
2ND _____
3RD _____

SKILL AREAS: (please indicate your ability for each of the skills listed below)

1 – can organize & teach 2 – could assist with instruction 3 – have had training in & participated in

SPORTS

Archery
 Aerobics
 Basketball
 Football
 Gymnastics
 Mtn. Biking
 New Games
 Riflery
 Self Defense
 Soccer
 Softball
 Tennis
 Volleyball

OFFICE SKILLS

Typing
 Computer
 Yearbook
 Camp Newspaper

DANCING

Ballet
 Square
 Disco
 Folk
 Country

ARTS & CRAFTS

Ceramics
 Drawing
 Lanyards
 Leather
 Macramé
 Nature Crafts
 Painting
 Paper Mache
 Tie Dye

HORSEBACK RIDING

Western
 English
 Equitation
 Trail riding
 Vaulting
 Horse care

DRAMA

Costume & Props
 Face Painting
 Mime
 Plays
 Puppetry
 Skits

NATURE/OUTDOOR SKILLS

Astronomy
 Birds
 Conservation/Ecology
 Environmental Education
 Gardening
 Geology
 Hiking
 Outdoor cooking
 Plant Life
 Pond Life
 Ropes Course
 Small animal care

WATER FRONT

Water-Skiing
 Water exercise/ballet
 Water Polo
 Fishing
 Swimming Lessons
 Lifesaving
 Canoeing/Kayaking
 Sailing
 Ski boat driving exp.
 Pool Maintenance

GENERAL CAMP SKILLS

Play Guitar
 Other Instruments

 Lead Singing
 Campfire programs
 Story telling
 Photography
 Leadership training
 Talent Shows
 Special events
 Other _____

CERTIFICATES: (INDICATE BELOW ALL CURRENT CERTIFICATES, AND EXPIRATION DATE)

<input type="checkbox"/> First Aid		Expires _____
<input type="checkbox"/> C.P.R.		Expires _____
<input type="checkbox"/> A.R.C. Water Safety Instructor		Expires _____
<input type="checkbox"/> A.R.C. Lifeguard Training		Expires _____
<input type="checkbox"/> C.H.A. or Horse Safety Instructor	Level ____	Expires _____
<input type="checkbox"/> California Drivers License	Class ____	Expires _____
<input type="checkbox"/> Canoeing/Sailing/Boating	Level ____	Expires _____
<input type="checkbox"/> Outdoor Living Skills		Expires _____
<input type="checkbox"/> Riflery Instructor (N.R.A.)		Expires _____
<input type="checkbox"/> Archery Instructor (N.A.A.)		Expires _____
<input type="checkbox"/> Other _____		

