



**Camp Fire USA**

Today's kids. Tomorrow's leaders.

**Eastern Massachusetts Council  
56 Roland Street, North Lobby  
Boston, MA 02129**

# Employment Application

## APPLICANT INFORMATION

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Other Phone #: \_\_\_\_\_

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Can you provide proof that you meet the minimum age requirements?  YES  NO

Are you legally eligible for employment in the United States?  YES  NO

Can you provide proof of eligibility as required by federal law (form I-9)  YES  NO

## EMPLOYMENT EXPERIENCE (Beginning with most recent)

1. Name of Company: \_\_\_\_\_ Tel. #: \_\_\_\_\_

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

Job Title and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Name of Contact Person or Supervisor: \_\_\_\_\_  Use as Reference ✓

2. Name of Company: \_\_\_\_\_ Tel. #: \_\_\_\_\_

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

Job Title and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Name of Contact Person or Supervisor: \_\_\_\_\_  Use as Reference ✓

3. Name of Company: \_\_\_\_\_ Tel. #: \_\_\_\_\_

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

Job Title and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Start Date: _____	End Date: _____	Starting Salary: \$ _____	Ending Salary: \$ _____
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Name of Contact Person or Supervisor: \_\_\_\_\_  Use as Reference ✓

**EDUCATIONAL EXPERIENCE**

Institution: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Major/Program: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

Institution: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Major/Program: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

1. Agency/Business Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

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

Dates Worked: \_\_\_\_\_ Amount of Hours Worked Per Week: \_\_\_\_\_

Name of Contact Person or Supervisor: \_\_\_\_\_  Use as Reference ✓

2. Agency/Business Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

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

Dates Worked: \_\_\_\_\_ Amount of Hours Worked Per Week: \_\_\_\_\_

Contact Person or Supervisor: \_\_\_\_\_  Use as Reference ✓

**MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS and/or HONOR SOCIETIES**

1. Organization Name: \_\_\_\_\_ Dates Served: \_\_\_\_\_

2. Organization Name: \_\_\_\_\_ Dates Served: \_\_\_\_\_

3. Organization Name: \_\_\_\_\_ Dates Served: \_\_\_\_\_

**REFERENCES** *(Must be work-related and/or related to academic background) (Do not list friends or relatives):*

1. Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

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

**OTHER RELATED INFORMATION**

Do you have a valid driver's license for your State of residence?  YES  NO

Have you ever been convicted of child abuse, violation of any law or ordinance regulating conduct toward minors, or any felony?  YES  NO

Please list any additional skills or experience; related to the position you are applying for, which may help us in further determining your qualifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

There shall be no discrimination on the basis of race, color, ethnicity, sex, creed, national origin, sexual orientation or socioeconomic status. There shall be no discrimination against an otherwise qualified individual by reason of disability or age, as defined in application laws. In addition, to ensure full equality of opportunity in all operations and activities of the Council, every staff worker employed in Camp Fire USA shall be selected under fair employment opportunities to all people.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date