



# CYO/Camp Howard

## Priority Staff Application 2010

### Returning Staff

Name: \_\_\_\_\_ Age as of 7/01/10: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

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

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

Social Security Identification Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number of years on Camp Howard Staff: \_\_\_\_\_

I certify that all information given on this application and any supporting information is true and complete, and I authorize a complete investigation. I agree that, if hired, I may be discharged from CYO/Camp Howard at any time if the organization learns of any falsification or material omissions in the information I have provided, and if discovered prior to hire, I would be ineligible for consideration for this and any future positions.

I authorize CYO/Camp Howard to contact all former and current employer references listed, as well as any educational institutions. All references listed are authorized to release to CYO/Camp Howard all information requested which they might have about me. I hereby release all references and CYO/Camp Howard from liability which might be claimed because of information provided by such references.

I understand CYO/Camp Howard is committed to promoting safety and high standards of employee performance, productivity, and reliability. In order to achieve this, finalists may be subject to drug test prior to being hired to assure the applicant does not currently have narcotics, sedatives, stimulants and other controlled substances and or mood altering substances in his/her body. I understand if I have such substances in my body at the time of the drug test, CYO/Camp Howard will not hire me. I further understand that at any time during my employment with CYO/Camp Howard, my supervisor, or any other person in a supervisory position, may require, as a term and condition of continued employment, a urine test or blood alcohol test if they have reasonable suspicion that I am under the influence of substances that might result in harm to myself or others.

I further understand that if I am selected as a finalist for any position with CYO/Camp Howard, the agency can request a criminal convictions investigation. (Note: you will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based on the totality of the circumstances, such as; the nature of the crime, the recency of the conviction, the type of work involved, etc.).

I understand that CYO/Camp Howard reserves the right to add to, change, or delete their policies, procedures, work rules, and benefits at any time and that no agency has the authority to enter into any agreement, for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by the Executive Director of the agency.

I understand that I am to have a completed Health form turned in prior to working at Camp Howard.

Applicants Signature

Date

SS#

Note: No consideration of employment will be given to any applicant that does not sign the above statement.  
10/05/09