

# COUNTRY LIFE KIDS CAMP

Independent Contractor Application



Prior to completing this application, please know that the The Civil Rights Act of 1964 prohibits discrimination in employment practice based on race, color, religion, sex, and national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are between the age of 40 and 65 years of age.

| APPLICANT INFORMATION   |                              |                                     |  |                              |                             |                              |                             |  |  |  |
|---|------------------------------|-------------------------------------|--|------------------------------|-----------------------------|------------------------------|-----------------------------|--|--|--|
| Last Name   |                              | First                               |  | M.I.                         |                             | Date                         |                             |  |  |  |
| Street Address  |                              |                                     |  |                              |                             | Apartment/Unit #             |                             |  |  |  |
| City  |                              | State                               |  | ZIP                          |                             |                              |                             |  |  |  |
| Best phone #  |                              |                                     | E-mail Address   |                              |                             |                              |                             |  |  |  |
| Days Available  |                              | Desired Salary or Hourly Rate Range |  |                              |                             |                              |                             |  |  |  |
| Position Applied for  |                              |                                     |  |                              |                             |                              |                             |  |  |  |
| Are you 18 years or older?  |                              |                                     |  |                              |                             |                              |                             |  |  |  |
| Social Security #   |                              |                                     |  |                              |                             |                              |                             |  |  |  |
| Do you have a valid Driver's License?   | YES <input type="checkbox"/> | NO <input type="checkbox"/>         | License#   |                              |                             |                              |                             |  |  |  |
| What date could you start working?  |                              |                                     |  |                              |                             |                              |                             |  |  |  |
| Are you available to work part-time?  | YES <input type="checkbox"/> | NO <input type="checkbox"/>         | Are you available to work full-time?                                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                              |                             |  |  |  |
| Are you a citizen of the United States?   | YES <input type="checkbox"/> | NO <input type="checkbox"/>         | If no, are you authorized to work in the U.S.?                           |                              |                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |  |  |  |
| Have you ever worked for this company?  | YES <input type="checkbox"/> | NO <input type="checkbox"/>         | If so, when?   |                              |                             |                              |                             |  |  |  |
| Have you ever been convicted of a felony?   | YES <input type="checkbox"/> | NO <input type="checkbox"/>         | If yes, explain  |                              |                             |                              |                             |  |  |  |
| Have you ever been convicted of a crime involving sexual abuse?   | YES <input type="checkbox"/> | NO <input type="checkbox"/>         | <i>Please note: a background check may be required of all applicants</i> |                              |                             |                              |                             |  |  |  |
| PLEASE list in order your 4 strongest skills that make you an exceptional candidate for this opportunity: |                              |                                     |  |                              |                             |                              |                             |  |  |  |
| 1)  |                              |                                     |  |                              |                             |                              |                             |  |  |  |
| 2)  |                              |                                     |  |                              |                             |                              |                             |  |  |  |
| 3)  |                              |                                     |  |                              |                             |                              |                             |  |  |  |
| 4)  |                              |                                     |  |                              |                             |                              |                             |  |  |  |
| What, if any, relevant experiences or certifications have you had in regards to this position?            |                              |                                     |  |                              |                             |                              |                             |  |  |  |
|   |                              |                                     |  |                              |                             |                              |                             |  |  |  |
|   |                              |                                     |  |                              |                             |                              |                             |  |  |  |
|   |                              |                                     |  |                              |                             |                              |                             |  |  |  |

| EDUCATION   |  |    |  |                   |                              |                             |        |  |  |
|-------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|--|--|
| High School |  |    |  |                   | Address                      |                             |        |  |  |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |
| College     |  |    |  |                   | Address                      |                             |        |  |  |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |
| Other       |  |    |  |                   | Address                      |                             |        |  |  |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |

| REFERENCES   |  |  |  |               |  |  |  |  |  |
|--|--|--|--|---------------|--|--|--|--|--|
| <i>Please list three <b>professional</b> references.</i> |  |  |  |               |  |  |  |  |  |
| Full Name  |  |  |  | Relationship  |  |  |  |  |  |
| Company  |  |  |  | Phone & Email |  |  |  |  |  |
| Address  |  |  |  |               |  |  |  |  |  |
| Full Name  |  |  |  | Relationship  |  |  |  |  |  |
| Company  |  |  |  | Phone & Email |  |  |  |  |  |
| Address  |  |  |  |               |  |  |  |  |  |
| Full Name  |  |  |  | Relationship  |  |  |  |  |  |
| Company  |  |  |  | Phone & Email |  |  |  |  |  |
| Address  |  |  |  |               |  |  |  |  |  |

| PREVIOUS EMPLOYMENT                                      |  |    |  |                              |  |                             |  |               |  |    |
|--|--|----|--|------------------------------|--|-----------------------------|--|---------------|--|----|
| Company  |  |    |  | Phone & Email                |  |                             |  |               |  |    |
| Address  |  |    |  | Supervisor                   |  |                             |  |               |  |    |
| Job Title  |  |    |  | Starting Salary              |  | \$                          |  | Ending Salary |  | \$ |
| Responsibilities   |  |    |  |                              |  |                             |  |               |  |    |
| From   |  | To |  | Reason for Leaving           |  |                             |  |               |  |    |
| May we contact your previous supervisor for a reference? |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |               |  |    |
| Company  |  |    |  | Phone & Email                |  |                             |  |               |  |    |
| Address  |  |    |  | Supervisor                   |  |                             |  |               |  |    |
| Job Title  |  |    |  | Starting Salary              |  | \$                          |  | Ending Salary |  | \$ |
| Responsibilities   |  |    |  |                              |  |                             |  |               |  |    |
| From   |  | To |  | Reason for Leaving           |  |                             |  |               |  |    |
| May we contact your previous supervisor for a reference? |  |    |  | YES <input type="checkbox"/> |  | NO <input type="checkbox"/> |  |               |  |    |

|  |  |    |                              |                             |               |    |
|--|--|----|------------------------------|-----------------------------|---------------|----|
| Company  |  |    |                              | Phone & Email               |               |    |
| Address  |  |    |                              | Supervisor                  |               |    |
| Job Title  |  |    | Starting Salary              | \$                          | Ending Salary | \$ |
| Responsibilities   |  |    |                              |                             |               |    |
| From   |  | To |                              | Reason for Leaving          |               |    |
| May we contact your previous supervisor for a reference? |  |    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |               |    |

|  |      |
|--|------|
| <b>DISCLAIMER AND SIGNATURE</b>  |      |
| I certify that my answers are true and complete to the best of my knowledge.   |      |
| Applicants must pass a criminal background check prior to becoming an Independent Contractor.  |      |
| If this application leads to engagement, I understand that false or misleading information in my application or interview may result in my release from my contract. |      |
| Signature  | Date |

**OFFICE STAFF ONLY**

Applicant Recommended Area: \_\_\_\_\_  
 \_\_\_\_\_

Applicant Recommended Position: \_\_\_\_\_

Position Recommendation (Director Signature) \_\_\_\_\_

Approved \_\_\_\_\_ (Staff initials)

Email completed form to: [tina@countrylifekidscamp.com](mailto:tina@countrylifekidscamp.com) -or-

US Mail completed form to: Country Life Kids Camp - 7003 West Smith Road Medina, OH 44256