

CITY BEACH CAMP HOST APPLICATION

(02/2007)

City of International Falls
600 Fourth Street
International Falls, Minnesota 56649
Telephone (218) 283-9484
Fax (218) 283-3590

PERSONAL INFORMATION *(Please print or type clearly)*

NAME: _____ (First) (MI) (Last)
ADDRESS: (Current) _____ (Seasonal) _____
CONTACT INFO: (Phone) _____ (Cell) _____ (Email) _____
EMERGENCY CONTACT INFO: (Name) _____ (Phone) _____

EMPLOYMENT & SKILLS INFORMATION *(Please print or type clearly)*

Have you ever applied with us before? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, provide date _____
Have you ever worked for the City of Int'l Falls? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, when _____
Are you 25 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
List all valid Certificates you currently hold and expiration dates: <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Advanced First Aid <input type="checkbox"/> Life Guard <input type="checkbox"/> EMT Other _____
Other _____ Expiration Dates: _____
Do you hold a valid Security Guard Registration Card? Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Expiration: _____ State _____

In accordance with Federal Law and U.S. Department of Agriculture policy, we are prohibited from discriminating on the basis of race, color, national origin, sex, age and disability. (Not all prohibited bases apply to all programs.) To file a discrimination write USDA Director, Office of Civil Rights, Room 326 W Whitten Building, 1400 Independence Avenue SW, Washington, D.C. 20250 9410 or call (202)720 5964 (voice and TDD). The City of Int'l Falls & USDA is an equal opportunity provider and employer.

BUSINESS or PERSONAL REFERENCES *(Please print or type clearly)*

List persons who have first-hand knowledge of your work performance in the last three years or can provide a character reference.

NAME & ADDRESS	PHONE #	OCCUPATION	RELATIONSHIP
1.			
2.			
3.			

OTHER INFORMATION *(Please print or type clearly)*

Are you able to perform the essential duties and tasks of the position for which you are applying? Yes No

If "NO", please describe the duties and tasks that cannot be performed: _____

Please list your previous work experience, with emphasis on camp hosting and other relevant experience:

Have you ever been convicted of a felony within the last 7 years? Yes No If "YES", please explain below:

(Conviction will not necessarily disqualify your application)

ACKNOWLEDGEMENT *(Please read carefully)*

I hereby certify that the information contained in this application form and in any supplemental attachments is true and correct to the best of my knowledge and that I have not knowingly withheld any information that might adversely affect my chances for employment. I understand that any misrepresentation, falsification or material omission of material fact on this application or on any supplemental attachments used to secure employment shall be grounds for rejection of this application or for discharge if I am employed, regardless of the time lapsed before discovery.

I hereby authorize the City of Int'l Falls to investigate my references, as well as to independently verify any information in this application. Furthermore, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the City of Int'l Falls as well as from the use or disclosure of such information by the City of Int'l Falls, employees or representatives.

I understand and agree that if employed, the employment will be "at will". This is, either I or the City of Int'l Falls may end the employment relationship at any time, for any reason. I understand that receipt of this application by the City of Int'l Falls does not imply employment and that this application and/or any other City of Int'l Falls documents are not contracts of employment. Nothing contained in the application or conveyed during an interview that may be granted is intended to create an employment contract between the City of Int'l Falls and me and that no promises or representations contrary to the foregoing are binding on the city unless made in writing and signed by a signed representative of the City of Int'l Falls and me.

In the event of any dispute or claim between myself and the city (including its employees, managers, supervisors, agents, successors and assigns) including, but not limited to, claims arising from or related to our employment or the termination of our employment, I agree to submit all such disputes to confidential binding arbitration under the Federal Arbitration Act. This provision has no application to claims of workers' compensation or unemployment benefits available through a state agency.

Applicant Signature: _____ **Date:** _____

SUPPLEMENTAL QUESTIONNAIRE

1. What type of camping unit will you be using if you are selected as Campground Host? (5th wheel, Travel Trailer, Motor home, Tent, other)? Please describe size and type below. If possible, please provide a photo of your RV Unit.

2. If you do not have an RV Unit, then please describe how you plan on maintaining a residence.

3. Can your RV Unit be self-contained? If not then list the utilities that are required (electric, water, sewer, cable). Utilities may be limited in certain locations and sometime not available.

4. Will you have an additional vehicle? (State “yes” or “no” and type)

5. Do you have or plan on having a pet? (State “yes” or “no”) If “yes”, include number of pets, size and habits.

6. Are you limited to the number of hours you can work? (Please describe)

7. Are you willing to clean toilets and campsites? Why do you feel that cleaning these facilities is important?

8. What does “Customer Service” mean to you?

9. How did you learn about applying for this Camp Host position with the City of Int’l Falls?

Please attach any additional information that will help us assess your qualifications

Applicant Signature: _____ **Date:** _____