



# Camp Knutson

## APPLICATION FOR EMPLOYMENT

11148 Manhattan Pt Blvd, Crosslake, MN 56442

218.543.4232 | campknutson.org

### Applicant Information

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Position(s) Interested in: \_\_\_\_\_ Dates Available: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address	City	State	Zip Code
Present:			
Permanent:			

Education	Dates ( From - To )	Highest Grade Completed	Year in School	Degree / Major
High School: City & State:	____/____/____ ____/____/____			
College: City & State:	____/____/____ ____/____/____			
Other: City & State:	____/____/____ ____/____/____			

### Experience as a camper or camp staff member: ( please list most recent first )

Camp Name, Address & Phone	Position / Duties	Dates Employed	Supervisor
1. _____ _____	_____ _____	____/____/____ ____/____/____	_____ _____
2. _____ _____	_____ _____	____/____/____ ____/____/____	_____ _____

### Volunteer and/or paid experience with individual(s) with special needs: ( please list most recent first )

Organization, Address & Phone	Position / Duties	Dates Employed	Supervisor
1. _____ _____	_____ _____	____/____/____ ____/____/____	_____ _____
2. _____ _____	_____ _____	____/____/____ ____/____/____	_____ _____

**Employment Experience** – list most recent experience first

1. Employer's Name & Address	Position	Dates Employed ( From - To )
_____ Email: _____ _____ Phone: (____) _____	_____ _____ _____	____/____/____ - ____/____/____ May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Major Responsibilities	Supervisor's Name	Reason for Leaving
_____ _____ _____	_____ _____ _____	_____ _____ _____
2. Employer's Name & Address	Position	Dates Employed ( From - To )
_____ Email: _____ _____ Phone: (____) _____	_____ _____ _____	____/____/____ - ____/____/____ May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Major Responsibilities	Supervisor's Name	Reason for Leaving
_____ _____ _____	_____ _____ _____	_____ _____ _____
3. Employer's Name & Address	Position	Dates Employed ( From - To )
_____ Email: _____ _____ Phone: (____) _____	_____ _____ _____	____/____/____ - ____/____/____ May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Major Responsibilities	Supervisor's Name	Reason for Leaving
_____ _____ _____	_____ _____ _____	_____ _____ _____

**Certifications** – Indicate expiration date and certifying agency if available. Check box where applicable.  
[ C=Current D=Do Not Have E=Expired ]

	C	D	E	Expiration Date	Certifying Agency
Valid Driver's License ( State: _____ )				____/____/____	
Cardiopulmonary Resuscitation Certification				____/____/____	
Lifeguarding				____/____/____	
Lifeguard Training Instructor				____/____/____	
Water Safety Instructor				____/____/____	
First Aid				____/____/____	
Low Ropes Course Certification				____/____/____	
High Ropes Certification				____/____/____	
Medication Manager Certification				____/____/____	
Archery Certification				____/____/____	
Other: _____				____/____/____	
Other: _____				____/____/____	
Other: _____				____/____/____	

**This page is to be filled out by those applying for PROGRAM related work.**

**Activities Interest and Experience Profile** – Check off where applicable. Write in additional activities in the blank spaces. [ **T**=Taught & Led Others **P**=Participate In **N**=No Participation ]

	T	P	N
<b>Music/Dance</b>			
Performance Dance			
Guitar			
Piano			
Singing			
Social Dance			
Aerobics			
Yoga			
<b>Crafts</b>			
Nature Crafts			
Clay Projects			
Needle Crafts			
Painting			
Jewelry Making			
Tie-Dye			
<b>Outdoor Living</b>			
Fire Building			
Knot Tying			
Orienteering			
Outdoor Camping			
Outdoor Cooking			
Geocaching			

	T	P	N
<b>Water Events</b>			
Fishing			
Canoeing			
Kayaking			
Stand Up Paddle Board			
Sailing			
Tubing			
<b>Boat Driving</b>			
Speed Boat Driving			
Pontoon Driving			
<b>Recreation</b>			
Archery			
Initiative Course			
New Games			
Organized Games			
Biking			
Horseback Riding			
<b>Dramatics</b>			
Campfire Programs			
Creative Drama			
Evening Programs			
Story Telling			
Talent Show			

	T	P	N
<b>Nature</b>			
Bird Identification			
Environmental Education			
Flower Identification			
Woodland Animals			
Insect Identification			
Tree Identification			
Weather			
Wild Edible Plants			
<b>Communications</b>			
Photography			
Videographer			
Writing			
<b>Technology</b>			
Audio/Visual Equipment			
Website			
Social Media			
Movie Making			
<b>Other Skills / Interests</b>			

**Top 3 Activity Preferences** – From the following list, select a category that you are most interested in and rate your current level of proficiency for each category by labeling **Novice**, **Intermediate** or **Advanced**. Music/Dance, Crafts, Outdoor Living, Water Events, Recreation, Dramatics, Nature, Communications, Technology, Other

<b>1st Choice:</b>		Proficiency Level	<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<b>2nd Choice:</b>		Proficiency Level	<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
<b>3rd Choice:</b>		Proficiency Level	<input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced

**Please answer the following questions:** attach a separate document if you need more space.

1. What are your personal strengths?

2. What is your philosophy related to working with individuals with disabilities? Describe any work you have had working with persons with special needs.

3. What qualifications do you have for this position? Describe any volunteer, internships, special skills, qualifications, or other information that might be helpful in evaluating your suitability / qualifications for the job.

4. In your experience working with children, how have you encouraged and managed the children's behavior to ensure a positive and safe experience for each child? Please describe specific strategies you used and found to be effective.

5. What do you hope to gain by working at Camp Knutson? Describe how this position aligns with your personal and/or professional goals.

6. Why should Camp Knutson be interested in hiring you? What unique attributes would you bring to Camp Knutson?

**Please answer the following questions:**

1. Are you at least 19 years of age or older? Yes ☐ No ☐

2. Are you a citizen of the United States? Yes ☐ No ☐

If no, are you authorized to work in the United States? Yes ☐ No ☐

3. The positions at camp include heavy lifting, strenuous activities, and long hours. Are there any reasons that you might have difficulty performing any of the essential elements of the position for which you are applying? Yes ☐ No ☐

If yes, what? \_\_\_\_\_

4. How did you learn about Camp Knutson? \_\_\_\_\_

5. How did you specifically learn about this job opening? \_\_\_\_\_

6. Have you applied for employment / volunteer work at Camp Knutson before? Yes ☐ No ☐ If Yes,   M   /   Y  

7. Have you ever been an employee / volunteer at Camp Knutson? Yes ☐ No ☐ If Yes,   M   /   Y  

**References** – List 3 individuals NOT related to you who can judge your qualifications for this position.

Name	Full Address	Phone	Other Information
1.		Work: (____)_____ Home: (____)_____	Email: Relationship:
2.		Work: (____)_____ Home: (____)_____	Email: Relationship:
3.		Work: (____)_____ Home: (____)_____	Email: Relationship:

**Agreement**

Applicants for all positions at Camp Knutson are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or disability. Camp Knutson is smoke-free, alcohol-free, drug-free and violence-free environment.

I have certified that the information provided on this application is true and complete. I agree that if there is any misrepresentation or omission concerning the information on this application, any offer of employment to me may be withdrawn, and if I have already been hired, my employment may be terminated. I authorize investigation of all statements contained in this application.

I understand that any offer of employment by this organization is contingent upon (1) my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States, (2) successful completion of any pre-employment background investigations that may be required by this employer, (3) proof of a valid driver's license and satisfactory driving record for those positions involving driving a motor vehicle, and (4) meeting the physical requirements of the position, with or without accommodation.

No promises concerning the nature or length of my employment have been made to me. If I am hired, I understand that I have the right to terminate my employment at any time, and for any reason. I understand that the organization has the right to terminate my employment at any time for any reason. I understand that if or when my employment is terminated, by the organization or by me that the organization may respond fully to reference inquiries from prospective employers. I understand that no one employed by the organization has the authority to modify these conditions, except in a written document signed by the President of the organization.

I have read everything in the above application as well as the requirements of the position, and fully understand the information. I also understand that I am required to abide by all the rules and regulations of Camp Knutson.

☐ **By checking this box, I hereby acknowledge that I have read and understand the foregoing.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*When this application for employment is submitted electronically, the typed signature shall be legally binding.*

Please save application as a PDF and attach to email. For Questions & Submitting Application: [campkstaff@lssmn.org](mailto:campkstaff@lssmn.org)