

FOOD SERVICE EMPLOYMENT APPLICATION

CAMP CAYUGA

A PRIVATE COED SLEEPAWAY CAMP
IN THE POCONO MOUNTAINS OF PENNSYLVANIA

Please complete this entire application and return to:

Camp Cayuga Business Office, P.O. Box 151, Peapack, NJ 07977, USA

Telephone:(908)470-1224, Fax:(908)470-1228, Email: info@campcayuga.com, Website: www.campcayuga.com

To be considered for employment, applicants must have completed at least one year of college or be at least 19 years of age.

Please attach a
small (wallet-size)
recent photograph of yourself.

Print your first & last name
on the back of the photograph.

Another 2" by 2" photograph
will be required for your
Camp Health
Examination Form.

Name _____ Date of Birth _____

Current Street Address (date expires _____) _____

City _____ County _____ State _____ Zip Code _____

Current Phone _____ Cell Phone _____

Permanent Street Address _____

City _____ County _____ State _____ Zip Code _____

Permanent Phone _____ Email _____

Social Security Number _____ Height _____ Weight _____ Gender _____ Marital Status _____

- Are you a United States citizen? Yes, No. Do you hold a valid work visa, green card, or J-1 visa? Yes, No.
- Do you have any condition (physical or mental) that might limit your ability to care for/supervise children? No, Yes.
- Do you have any allergies or require special medical treatment? No, Yes. If yes, explain below.
- Do you smoke? No, Yes. Do you have any dietary restrictions? No, Yes. If yes, explain below.
- Do you have any visible tattoos that could be considered offensive to young children? No, Yes. If yes, describe below.
- Do you have any visible body piercings (other than ears)? No, Yes. If yes, describe below.
- Have you ever been convicted of a crime? No, Yes. If yes, attach separate sheet and explain in detail.
- If you checked-off "yes" to any question above, please explain your answer(s) on the lines below.

- Will you have an automobile at camp? Yes, No, Unsure.
- If you're age 21 or older, are you capable of driving a 15-passenger van? Yes, No, Unsure. A 9-passenger van? Yes, No, Unsure.
- Do you hold a Special "Commercial" Driver's License (CDL) for driving limos, vans, etc? Yes, No.
- Do you hold a valid Bus Driver's License? Yes, No.
- Can you lead a religious worship service? Yes, No. If yes, what religion? _____
- How did you first learn about Camp Cayuga? Friend, Newspaper, Surfing the internet.
- If you surfed the internet, what search engine did you use (google, yahoo, etc.)? _____
- If you surfed the internet, what directory listing did you use (campjobs.com, your university's on-line job listing, etc.)? _____
- Is your spouse interested in working at camp? No, Yes. If yes, in what capacity would your spouse want to work? _____
- Do you have children who will accompany you at camp? No, Yes. If yes, indicate gender and age below:
Female-age ____, Female-age ____, Female-age ____, Female-age ____, Male-age ____, Male-age ____, Male-age ____, Male-age ____.
- If yes, does your child(ren) have any behavioral problems or special circumstances involving physical or psychological handicaps? Yes, No
Please explain. _____
- How important is it for you & your child(ren) to be housed on the same campus? Not Important, Prefer but not necessary, Very Important.
- Will your child(ren) sleep in a cabin with other campers or with you? In cabin with campers, With me (please explain below).

- Are you available for the entire summer camp season (between 60-63 days from 3rd week in June to 3rd week in August)? Yes, No.
- What dates are you available for summer employment? Start Date: _____ End Date: _____
- Would you consider accepting another camp position if there is no food service position available for you? Yes, No, Maybe.
- What salary amount do you expect to earn? _____. (Please remember that room & board and laundry services are provided at no cost. In addition, if your children are accompanying you, the camp tuition is provided at no extra cost.)

EDUCATION & TRAINING:

- Are you currently a college student? Yes, No. If yes, how many years will you have completed by June? _____
- Are you a college graduate? Yes, No. If yes, year graduated? _____. Hold 4-year degree?, Hold 2-year degree?
- Are you currently a graduate student? Yes, No. If yes, how many years will you have completed by June? _____
- Are you pursuing a culinary arts degree? Yes, No. If yes, what school are you attending? _____
- If yes, when do you anticipate receiving your culinary arts degree? _____
- Do you currently hold a culinary arts degree? Yes, No.
- Are you in pursuit of any other degree? Yes, No. If yes, for what? _____
- Have you ever trained individuals in food preparation? Yes, No.
- Are you fluent in any foreign language? Yes, No. If yes, what language(s)? _____

COLLEGE/UNIVERSITY: (list below)	MAJOR:	YEARS COMPLETED:	DEGREE(S) GRANTED:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MOST RECENT CAMP EMPLOYMENT EXPERIENCE: (Attach an extra sheet if you worked at more than one camp.)

Camp Name: _____ Dates of Employment: _____

Address: _____
street address city county state zip code

Positions Held: _____

Camp's Phone: _____ Email: _____ Director's Name: _____

EMPLOYMENT EXPERIENCE: (Please attach an extra sheet, if necessary.)

EMPLOYER'S NAME:(list below)	EMAIL ADDRESS:	TELEPHONE:	DATES:	POSITION:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHARACTER REFERENCES: List three individuals who can act as character references for you. References should be limited to former employers, teachers, coaches, religious advisors, or former camp supervisors. References should not be friends or family members.

REFERENCE'S NAME:(list below)	EMAIL ADDRESS:	TELEPHONE:	RELATIONSHIP:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SELF EVALUATION SECTION: It is very difficult to objectively evaluate oneself, however a residential camp requires a staff of unique individuals. In the past this self evaluation section has helped us to place the staff member in positions for which he or she is best suited. Please use the following numerical rating system in evaluating yourself in the categories listed below: 1=well above average; 2=above average; 3=average; 4=below average; 5=unable to rate oneself because of lack of experience.

- | | | |
|---|---|---------------------------------|
| 1. ___ Ability to relate to children of the ages 5 through 9. | 10. ___ Willingness to take initiative. | 19. ___ Loyalty to Employer. |
| 2. ___ Ability to relate to children of the ages 10 through 12. | 11. ___ Willingness to volunteer. | 20. ___ Dependability. |
| 3. ___ Ability to relate to teenagers of the ages 13 through 15. | 12. ___ Energy level. | 21. ___ Flexibility. |
| 4. ___ Ability to remain patient in difficult & frustrating situations. | 13. ___ Ability to work hard. | 22. ___ Warmth. |
| 5. ___ Ability to remain calm in stressful situations. | 14. ___ Organizational ability. | 23. ___ Honesty. |
| 6. ___ Ability to relate to authority figures. | 15. ___ Neatness. | 24. ___ Friendliness. |
| 7. ___ Ability to adjust to new situations. | 16. ___ Willingness to clean cabin. | 25. ___ Trustworthiness. |
| 8. ___ Ability to follow & enforce regulations. | 17. ___ Leadership ability. | 26. ___ How often do you smile? |
| 9. ___ Ability to manage children. | 18. ___ Role model for children. | 27. ___ Ability to have fun. |

CERTIFICATIONS, LICENSES & EXPERIENCES:

1) Do you hold any current food service/nutrition license/certification? Yes, No.

2) If yes, what is your most current license/certification? _____ Year earned? _____

3) Do you currently hold any of the following certifications?

Food Employee Certification, Yes, No. If yes, issued from what state? _____ Expires: _____

Food Safety Manager Certification, Yes, No. If yes, issued from what state? _____ Expires: _____

Servsafe Manager Certification, Yes, No. If yes, issued from what state? _____ Expires: _____

Food Safety Training Certification Yes, No. If yes, issued from what state? _____ Expires: _____

4) Do you hold any other current food service/nutrition license/certification? Yes, No.

5) If yes, what? _____ Expires: _____

6) Did you ever previously hold a food/nutrition license/certification that's now expired? Yes, No. If yes, what? _____ Expired: _____

7) How many years have you worked in the food service industry? _____

8) Are you presently working in the food service industry? Yes, No. To what extent? Full-time, Part-time, Other _____

9) If yes, where are you presently employed in the food service industry and what are your responsibilities? _____

10) If you are not presently working in food service, what year did you cease? _____

11) What experience, if any, have you had in preparing institutional meals? _____

12) What experience, if any, have you had in cooking for large numbers of people (quantity food production)? _____

13) What experience, if any, have you had in managing kitchen staff members? _____

14) Are you familiar with health/safety procedures regulating food preparation and storage? If yes, please explain. _____

15) Have you ever previously worked at a residential summer camp as a member of the food service staff? Yes, No.

16) If yes, please list the camp names, the number of summers you worked at each camp, and the duties you assumed at each camp. _____

17) If yes, what year were you last employed at the summer camp as a member of their food service staff? _____

18) If yes, why aren't you returning to your previous summer camp? _____

19) If yes, what did you like the most about your previous camp and what did you like least?

20) What experience have you had in cooking/food service for children of the ages 5 through 15?

21) Please describe the extent of your cooking experience. We would like to know the areas of food service in which you have worked and the extent of your knowledge in each of these areas.

22) Why do you want to work at a summer residential camp?

23) Please indicate your opinion regarding the consumption of alcohol and the use of drugs.

24) Do you hold a valid driver's license? Yes, No. License # _____ State _____ County _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I also authorize Camp Cayuga to investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to provide to the camp any and all relevant information and opinions, without giving me prior notice of such disclosure. I release such persons and organizations from any legal liability in making such statements. By my signature, I understand and consent to these statements.

Applicant's Signature (please sign above)

Date

We thank you for taking the time to complete our employment application. We will contact you as soon as possible. Camp Cayuga is an equal opportunity employer.