



A P P L I C A T I O N
F O R
E M P L O Y M E N T – C A M P C O U N S E L O R
AN EQUAL OPPORTUNITY EMPLOYER

TO ALL APPLICANTS:

Read the instructions and general hiring information carefully before completing this application.

All questions must be answered fully.

Your failure to completely and/or truthfully respond to any question(s) will void this application

Photocopies of this Application, even if completed, will neither be reviewed, nor considered.

FOR OFFICE USE ONLY:

Date received: _____

Received By: _____

INSTRUCTIONS TO APPLICANTS
AND

GENERAL HIRING INFORMATION

We at The Bridges Foundation (“Bridges”) appreciate your interest. This Application for employment form is designed to help us match your skills with available positions. Therefore, it is very important that you read all these instructions before filling it out.

1 **EQUAL OPPORTUNITY POLICY:** Bridges is an Equal Opportunity Employer, and does not discriminate in its employment decisions on the basis race, color, religion, sex, national origin, age, physical or mental disability, or veteran status.

2 **APPLICATION EFFECTIVENESS:** Your application will be accepted only if there is currently a vacant position with Bridges for which you are seeking employment. If accepted, your application will be active for only seven (7) calendar days. We have discovered that our applications are usually out-of-date after this period. Your application will only be considered for vacant positions for which you apply during that seven (7) day period. You must reapply if you want to be considered for any other vacancies occurring after that time.

3 **INTERVIEWS:** Management may or may not interview you for any vacant positions.

4 **CONFIDENTIALITY:** The information requested on this application is confidential and will only be disclosed to authorize personnel on a “need-to-know” basis.

5 **MEDICAL:** Management reserves the right to require medical examinations and documents of applicants if a conditional offer of employment is extended, and to employees, for job related purposes consistent with state and federal laws, and agency regulations. Such examination and medical information will be used to determine proper job placement. Medical analysis is necessary to ensure that an applicant can safely and satisfactorily perform the job sought with or without reasonable accommodation to physical or mental disabilities. It is also necessary to determine what reasonable accommodations may be made to enable performance by qualified persons with disabilities.

6 **WORK ELIGIBILITY STATUS:** Bridges hires only U.S. citizens and aliens lawfully authorized to work in the United States. Each new employee must provide proof of identity and proof of eligibility to work in the United States. A U.S. Passport, Certificate of Citizenship, Alien Registration Card or foreign passport may serve as proof. Also, a combination of driver’s license and original social security card or official ID card with photo and birth certificate will be satisfactory. These documents must be produced within three (3) days after date of hire, but not before an offer for employment is made.

ACKNOWLEDGEMENT:

I have read, had an opportunity to ask questions, and fully understand the instructions contained in this Application for Employment. I further understand that my failure to fully and honestly any question(s) contained herein will void my application for employment, or my continued employment if hired.

Signature: _____ Date: _____

APPLICANT INFORMATION									
Last Name		First		M.I.	Date				
Street Address						Apartment/ Unit #			
City				State		ZIP			
Contact Phone				Cell Phone					
Date Available			Social Security No.	E-mail					
Position Applied for	The Bridges Foundation: 2022 Summer Camp Counselor								
Are you able to meet the attendance requirements?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					
Are you willing to work overtime when requested?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>					
Do you have a valid Driver's License?	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?				
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you ever been disciplined or discharged by an employer for discrimination, safety violation(s), dishonest, attendance, etc. in violation of a company rule/policy or a violation of a local, state or federal law, regulation or ordinance?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain:				
Have you ever been convicted of a felony? <i>(Criminal convictions are not an absolute bar to employment. They will only be considered in relation to specific job requirements.)</i>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain:				
Training									
CPR/First Aid	<input type="checkbox"/> Yes date: _____								
	<input type="checkbox"/> No								
Other									

DISCLAIMER AND SIGNATURE

I hereby affirm that the information provided in this Application for Employment is true and complete to the best of my knowledge. I understand that any falsified information, misrepresentations or omissions herein will disqualify me from consideration for employment or may result in my immediate termination if discovered at a later date. I understand that if I am hired, the information given in this application will become part of my personnel records.

I authorize Bridges to make a thorough investigation of the information I have provided herein. Through this document, or a copy, I authorize any person, agency; institution, company or other entity to give The Bridges Foundation any and all information they may have, and I release and indemnify all parties from liability for any damages that may result from furnishing any of this information to the Company. I also agree to indemnify the Company, its officers, employees and shareholders against any liability that might result from any investigation or inquiry they make, or in connection with the information that they receive.

I understand that any job offer is conditional upon a confirmed negative drug test result. I understand my offer for employment will be withdrawn or my subsequent employment will be terminated, if, upon request I refuse to submit to testing or refuse to have results disclosed and discussed, or, if there is a confirmed positive test result. In consideration of my employment, I further acknowledge and agree that my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, at the option of either Bridges or myself.

I understand that this application will be in effect for seven (7) days from the date indicated below and that if employment is not offered within that time period, I must reapply to be considered for future employment.

Signature		Date	
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DATES AVAILABLE

Staff Training is mandatory and will take place on June 6th- June 10th from 8:00 AM to 3:00 PM.

- Sessions Available:** WEEK 1 – June 13th thru June 16th WEEK 5 – July 18th thru July 21st
- WEEK 2 – June 20th thru June 23rd WEEK 6 – July 25th thru July 28th
- WEEK 3 – June 27th thru July 30th
- WEEK 4 – July 11th thru July 14th

You will be assigned an 8 hour shift each day between the hours of 7:30 AM and 4:30 PM. Please let us know if you have a personal preference and we will do our best to accommodate.

**STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES
EMPLOYMENT APPLICATION SUPPLEMENT**

Name of applicant (Print)	Date
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Name of provider agency: The Bridges Foundation

Part 1

As I apply for a job as a community services worker, I understand that:

- prior to employing me, the community services provider is required by Oklahoma Law to conduct:
- a criminal history records search with the Oklahoma State Bureau of Investigation (OSBI); and
- A check of the Community Services Registry.

The community services provider is prohibited by Oklahoma Statute from hiring, contracting with, or using as a volunteer, any person who has been convicted, pled guilty, or pled no contender to a felony or to a misdemeanor assault and battery, except under circumstances described in OAC 340:100-3-39.

The community services provider is also forbidden to hire, contract with, or use as a volunteer, any person whose name appears on the Community Services Registry.

My employment may be terminated if my name appears on the Community Services Registry, even though my name may not have been on the Registry at the time of my application or hiring.

I must report to the community services provider all of my current and previous employers who provide services to vulnerable adults.
giving false information regarding my previous employers may result in termination of my employment.

I have received a copy of this signed Form DDS-39.

Signature of applicant

Date

Provider Agency: The Bridges Foundation

Date: _____

Name: _____

Part 2.

Applicants for the position of community services worker are required to report all former employers. Giving false information results in termination of employment. Please attach another page, if necessary.

Former Employer	Address	Approximate dates

Permission to Use Photograph

Event: **Bridges Summers Camp**

I grant to **The Bridges Foundation** the right to take photographs of me and my family in connection with the above-identified event. I authorize **The Bridges Foundation**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **The Bridges Foundation** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

This consent will no longer be valid after One Year.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)