

Lack of personal freedom is a reality of working at a camp/rec facility (e.g. hard work, limited internet access, lack of privacy, no smoking, no drinking alcohol.) What personal adjustments would you need to make in order to be successful in this environment? _____

Did you attend some type of summer camp as a child? Give your opinion of the long-term impact a quality camp experience or rec center can make in children's lives and some of what you have seen that will last forever in the mind of a child or in your own life. Also list any ideas that might be useful to the growth of Rock Solid: _____

Tell us about your relationship with God and the impact you feel it has on your position at Rock Solid.

What do you feel are your 3 greatest strengths that would make you a good Rock Solid staffer?

What do you feel are your 3 greatest weaknesses that could potentially be a positive and/or a negative as a Rock Solid staffer? _____

If you are applying for a job as a lifeguard, please answer the following: Realizing the potential danger of water activities, what do you feel qualifies you to insure the safety of others? Do you realize the risks involved with water and do you feel confident enough to vocalize rules, etc to

participants? _____

1. Has your name ever been placed on the Central Registry of child abuse? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Have you ever been convicted on a drunk driving offense? Yes No

If you checked yes on any of the above questions, please explain on a separate sheet of paper. No applicant will be denied employment solely on grounds of conviction of a criminal offence.

IMPORTANT GUIDELINES FOR ROCK SOLID STAFF

Smoking is not permitted on camp property. The use of any controlled substances is absolutely prohibited while you are a staff member at Rock Solid. Absolutely NO alcoholic beverages may be brought onto camp property and no one is to return to camp under the influence. Camp work is demanding, requiring long hours, and adherence to camp policies that may be limiting such as curfews, limited time-off, lack of privacy, no smoking etc.

AFTER- ACQUIRED EVIDENCE PROVISION

“I authorize investigation of all statements herein, including any checks of criminal records, and release the camp and all others from liability in connection with the same. I authorize random drug tests while I am at Rock Solid. I understand that, if employed, I will be an at-will employee unless there is an agreement or law, which alters that status. Furthermore, I understand that any agreement must be in writing and signed by the designated camp official. I also understand that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery by the camp.”

Applicant’s Signature: _____ Date: _____

Please return the following things with your application:

- *A copy of your Drivers License
- *A copy of your Social Security Card
- *(3) Completed Reference Forms
- *Worker’s Permit if under the age of 18
- *Signed Release for Random Drug Testing
- *Completed medical release form (This will be provided if hired)
- *Completed Staff Health Form (This will be provided if hired)

Rock Solid is an equal opportunity employer. Prospective employees will receive consideration without discrimination of race, creed, color, sex, national origin, or handicap.

RETURN COMPLETED FORM TO:

ROCK SOLID, P.O. Box 18224, Shreveport, LA 71138
For more information: Email us at rocksolidathletic@gmail.com or
Contact us at 318-402-7242

Rock Solid Athletic Club/Camps
P.O. Box 18224, Shreveport, LA 71138
(LA) 318-402-7242 ~ (MO) 417-326-5786

2011-2012 Applicant Reference

Applicant Name: _____

The above-named applicant is applying for employment at Rock Solid Athletic Club & Camps, a Christian athletic non-profit in MO and LA. Your prompt attention would be appreciated. Circle the rating which best describes the applicant's ability in each area; five being superior and one representing poor. Please read through the entire list first, develop your thoughts, and then go back through and circle the ratings. Any comments you can give are especially appreciated.

PLEASE TYPE OR PRINT

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. <u>Initiative</u> | 5 | 4 | 3 | 2 | 1 | N/A |
| Comments: _____ | | | | | | |
| 2. <u>Enthusiasm</u> | 5 | 4 | 3 | 2 | 1 | N/A |
| Comments: _____ | | | | | | |
| 3. <u>Reliability</u> | 5 | 4 | 3 | 2 | 1 | N/A |
| Comments: _____ | | | | | | |
| 4. <u>Creativity</u> | 5 | 4 | 3 | 2 | 1 | N/A |
| Comments: _____ | | | | | | |
| 5. <u>Cooperativeness</u> | 5 | 4 | 3 | 2 | 1 | N/A |
| Comments: _____ | | | | | | |
| 6. <u>Punctuality</u> | 5 | 4 | 3 | 2 | 1 | N/A |
| Comments: _____ | | | | | | |
| 7. <u>Communication Skills</u> | 5 | 4 | 3 | 2 | 1 | N/A |
| Comments: _____ | | | | | | |
| 8. <u>Receptiveness to Suggestions</u> | 5 | 4 | 3 | 2 | 1 | N/A |
| Comments: _____ | | | | | | |
| 9. <u>General Appearance</u> | 5 | 4 | 3 | 2 | 1 | N/A |
| Comments: _____ | | | | | | |
| 10. <u>Physical Stamina</u> | 5 | 4 | 3 | 2 | 1 | N/A |
| Comments: _____ | | | | | | |
| 11. <u>Emotional Maturity</u> | 5 | 4 | 3 | 2 | 1 | N/A |

Comments:	_____					
12. <u>Self-Confidence</u>	5	4	3	2	1	N/A
Comments:	_____					
13. <u>Willingness to Give Feedback</u>	5	4	3	2	1	N/A
Comments:	_____					
14. <u>Leadership Ability</u>	5	4	3	2	1	N/A
Comments:	_____					
15. <u>Willingness to go Beyond Expected</u>	5	4	3	2	1	N/A
Comments:	_____					
16. <u>Suitability to work with Children</u>	5	4	3	2	1	N/A
Comments:	_____					
17. <u>Commitment and Love for the Lord</u>	5	4	3	2	1	N/A
Comments:	_____					
18. <u>Moral Integrity</u>	5	4	3	2	1	N/A
Comments:	_____					
19. <u>Willingness to Work with Others</u>	5	4	3	2	1	N/A
Comments:	_____					

What are the applicant's most significant strengths?

What are the applicant's most significant weaknesses?

In what capacity have you known the applicant? How long?

This applicant will not be considered until all of his/her references have been received. If you have any questions, please don't hesitate to contact **Human Resources** at (318) 470-8904 (LA) or 417-326-5786 (MO) or by e-mail at rocksolidsport@aol.com. Thank you for your time in supplying us with this information. If you choose to provide us with your phone number, you are giving us permission to call you if we have further questions regarding this applicant.

YOUR NAME: _____

TITLE/OCCUPATION: _____ PHONE NUMBER: _____



P.O. Box 18224 ~ Shreveport, LA 71138 ~ 318-402-7242
rocksolidathletic@gmail.com

I _____ agree to allow Rock Solid Athletic Club, Inc to run a random drug test at any time during my employment at Rock Solid. I understand that if I test positive that Rock Solid may suspend me from my duties for an indefinite amount of time. I also understand that if I test positive for my first drug test administered by Rock Solid that I will be responsible for all further drug tests administered by Rock Solid.

SIGNATURE DATE

PRINTED NAME DATE