



WHERE SUMMER JUST DOESN'T GET ANY BETTER!

Dear prospective camp employee,

Thank you for your interest in our camp. Becoming a Good Times counselor is a rewarding experience filled with lots of adventures.

Enclosed you will find the counselor requirements, employment application, and background disclosure forms. First, review the counselor requirements, and determine whether you are willing and able to comply with all the requirements. Second, complete the application, and return it to me, along with your statement, in a 9" by 12" envelope, as soon as possible. Finally, e-mail the letter, introducing yourself to your camper's parents, to Cathlynn@GoodTimesDayCamp.com. After reviewing the application, our team will determine if an interview is appropriate. We will then be in contact with you.

The deadline for returning counselors to apply is March 1st.
The deadline for new counselors to apply is May 1st.

All applications will be reviewed on a first come, first serve basis. I am looking forward to receiving your application.

Application Requirements

- **CPR and First Aid Certification are required by all counselors (New and Returning.) Proof of current certification must be submitted to the camp no later than May 1st, 2011.**
- Applicants with any specialized training or personal attributes that would be beneficial to the camp receive a higher salary.
- All applicants must be available to work full time, Monday thru Friday.
We do not hire employees on a part-time basis.
- All applicants applying to be a camp counselor must be at least 18 years old by June 1st.
- All applicants must be available to work every week from June 13th to August 19th. If you need to take vacation over the summer, please do not apply.
- All applicants must attend a full day counselor orientation session to be held late in May or early June.
- All applicants must be available to attend our Open House in late May or early June.
- Take an active role. This means that counselors must participate in all the activities that the campers do. Counselors must swim, play games, make crafts, etc.
- All applicants must be willing to conform to our dress code which includes: no tattoos, no facial nor body piercing, a clean shaven face, and appropriate hair cut.
- All counselors will be asked to play an individual role in teaching or leading the campers in an event of their choice. Examples would be Double Dutch, Karate, Magic Tricks, Cup Stacking, Singing on the Busses. Please tell us what you would feel comfortable teaching the campers.

Cathlynn Novak
Camp Director/ Owner
262.521.8100
Cathlynn@GoodTimesDayCamp.com

Call: 262 • 521 • 8100
Visit: www.goodtimesdaycamp.com/wisconsin

2011 EMPLOYEE APPLICATION



POSITION APPLYING FOR (CHECK ONE)

DIRECTOR COUNSELOR ASSISTANT COUNSELOR LIFE GUARD

PERSONAL INFORMATION

FIRST NAME

LAST NAME

E-MAIL

HOME PHONE

CELL PHONE

SOCIAL SECURITY NUMBER

NUMBER OF EXEMPTIONS

BIRTH DATE

MARITAL STATUS

DRIVER'S LICENSE NUMBER (APPLICANTS 21 AND OLDER)

HOME ADDRESS CITY

STATE

ZIP CODE

WHAT AGE & GENDER GROUP DO YOU PREFER TO WORK WITH?

CAMP GEAR SIZE

T-SHIRT SIZE

CHILD 14-16
 ADULT LARGE

ADULT SMALL
 ADULT X-LARGE

ADULT MEDIUM
 ADULT 2X-LARGE

SWEATSHIRT SIZE

CHILD 14-16
 ADULT LARGE

ADULT SMALL
 ADULT X-LARGE

ADULT MEDIUM
 ADULT 2X-LARGE

COUNSELOR SPECIALTY

All counselors will be asked to play an individual role in teaching or leading the campers in an event of their choice. Examples would be Double Dutch, Karate, Magic Tricks, Cup Stacking, Singing on the Busses. Please tell us what you would feel comfortable teaching the campers. Please list your top three choices:

1)

2)

3)

EDUCATION

HIGH SCHOOL NAME	COURSE OF STUDY	YEARS COMPLETED
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UNDERGRADUATE COLLEGE NAME	COURSE OF STUDY	YEARS COMPLETED
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OTHER (SPECIFY)	COURSE OF STUDY	YEARS COMPLETED
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ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills, extra-curricular activities, or other personal attributes that would make you a beneficial member of Good Times staff. Summarize special job-related skills and qualifications, i.e., swimming certifications, musical instruments played, sports specialties, experience working with children. (Please complete your response to this section on a separate sheet of paper and attach to this application.)

EMPLOYMENT EXPERIENCE

EXPERIENCE #1

EMPLOYER	TELEPHONE NUMBER(S)
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ADDRESS

JOB TITLE	SUPERVISOR'S NAME
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REASON FOR LEAVING

DATES EMPLOYED	HOURLY RATE/SALARY
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EXPERIENCE #2

EMPLOYER	TELEPHONE NUMBER(S)
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ADDRESS

JOB TITLE	SUPERVISOR'S NAME
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REASON FOR LEAVING

DATES EMPLOYED	HOURLY RATE/SALARY
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IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

REFERENCES

REFERENCE #1

NAME	RELATIONSHIP
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PHONE NUMBER	LENGTH OF RELATIONSHIP
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REFERENCE #2

NAME	RELATIONSHIP
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PHONE NUMBER	LENGTH OF RELATIONSHIP
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REFERENCE #3

NAME	RELATIONSHIP
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PHONE NUMBER	LENGTH OF RELATIONSHIP
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IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY

NAME	RELATIONSHIP
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HOME PHONE	WORK PHONE	CELL PHONE
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PERSONAL SYNOPSIS

Please type a one page statement about yourself that we may use in a letter introducing you to our Campers' parents. Then e-mail a copy to Cathlynn@GoodTimesDayCamp.com. Please note that this is a very important part of your application.

BACKGROUND CHECK

Please complete the Wisconsin background disclosure form attached to this application.

CHECK LIST

- Completed Application Form
- Completed Background Check Form
- Enclosed Personal Synopsis
- Enclosed Additional Information
- Reviewed Counselor Requirements
- Reviewed Camp Website www.GoodTimesWi.com

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

Initials

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

Initials

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

Initials

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I further understand, that I am required to abide by all rules and regulations of the employer.

Initials

I understand that I will be required to provide proof of current CPR and First Aid certification, no later than May 1st, 2011.

Initials

I am available to work every camp day, Monday through Friday, from June 13th to August 19th.

Initials

I will not be requesting time off this summer.

Initials

I understand that attendance at Counselor Orientation and Open House (to be held in Late May or early June) are Mandatory .

Initials

I also understand that attendance at Orientation and Open House are considered prerequisites of the job and are not paid work days.

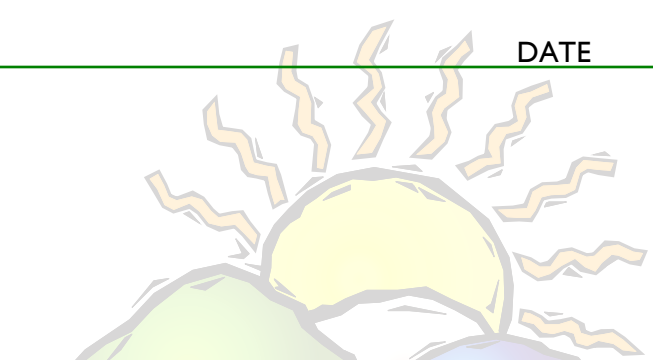
Initials

I understand that I will be required to wear a swim suit and swim each and every camp day.

Initials

APPLICANT'S SIGNATURE

DATE



**Please Mail Completed Forms in a 9" X 12" Envelope To:
Good Times Summer Day Camp • P.O. Box 1061 • Waukesha, WI • 53187**

BACKGROUND INFORMATION DISCLOSURE INSTRUCTIONS

The Background Information Disclosure form (HFS64) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes, for persons who have been convicted of certain acts, crimes or offenses:

1. The Department of Health and Family Services (DHFS) may not license, certify or register the person or entity (Note: Employers and Care Providers are referred to as “entities”);
2. A county agency may not certify a day care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed day care provider; and
5. An entity may not employ, contract with or permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://www.dhfs.state.wi.us/> at the Licensing link and then under the Caregiver Program link.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (REFERRED TO AS “ENTITIES”)

Programs Regulated Under Chapter 48 of Wisconsin Statute	Treatment Foster Care, Family Day Care Centers, Group Day Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Day Care.
Programs Regulated Under Chapters 50, 51, and 146 of Wisconsin Statute	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Day Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Day Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client (“nonclient resident”).
- Anyone who is licensed by DHFS.
- Anyone who has a foster home licensed by DHFS.
- Anyone certified by DHFS.
- Anyone who is a Day Care Provider certified by a county department.
- Anyone registered by DHFS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin’s Fair Employment Law, ss. 111.31 - 111.395, Wisconsin Statutes, prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person’s arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION: This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary, however your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health and Family Services’ Caregiver Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client’s property.

BACKGROUND INFORMATION DISCLOSURE

Completion of this form is required under the provisions of sections 48.685 and 50.065 of the Wisconsin Statutes. Failure to comply may result in a denial or revocation of your license, certification or registration; or denial or termination of your employment or contract. Refer to the attached instructions (HFS-64 A) for additional information. Providing your social security number is voluntary, however, your social security number is one of the unique identifiers used to prevent incorrect matches.

Please print your answers.

Check the box that applies to you.

- Employee / Contractor (Including new applicant)
- Household member / lives on premises - but not a client
- Applicant for a license or certification or registration (including continuation or renewal)
- Other – specify:

NOTE: If you are an owner, operator, board member, or nonclient resident of a Bureau of Quality Assurance (BQA) regulated facility (1) print only your first, middle and last name; (2) complete Sections A and B; (3) sign the form; (4) complete the Appendix, HFS-69, in its entirety and (5) submit this form and the Appendix to the address noted in the Appendix Instructions.

Name - First and Middle	Name - Last	Position Title (Complete only if you are a prospective employe or contractor, or a current employe or contractor.)		
Any other names by which you have been known (including maiden name)		Birthdate	Gender (M / F)	Race
Address			Social Security Number(s)	
Business Name and Address of Employer or Care Provider (Entity)				

Section A - ACTS, CRIMES AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
1. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts? ➤ If Yes , list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.		
2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10 th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.) ➤ If Yes , list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.		
3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked: <input type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.) ➤ If Yes , explain, including when and where it happened.		
4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client? ➤ If Yes , explain, including when and where it happened.		

(Continued on next page)

Section A - Continued	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If Yes, explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you <u>abused an elderly person</u> ? ➤ If Yes, explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If Yes, explain, including credential name, limitations or restrictions, and time period.		
Section B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied or revoked your license, certification or registration to provide care, treatment or educational services? ➤ If Yes, explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If Yes, explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If Yes, attach a copy of your discharge papers (DD214) if you were discharged within the past 3 years. ➤ You may be asked to provide a copy of your DD214 if your discharge occurred more than 3 years ago.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes, list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ If Yes, list the date of each check, and the name, address and phone number of the person, facility or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health and Family Services, a county department, a private child placing agency, school board, or DHFS designated tribe? ➤ If Yes, list the review date and the review result. You may be asked to provide a copy of the review decision.		

A “NO” answer to all questions does not guarantee employment, residency, a contract or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm. Code.

YOUR SIGNATURE	Date Signed
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