



2018 EMPLOYMENT APPLICATION

718 Professional Drive ~ Shreveport, LA 71105
 318-779-1451 ~ rocksolidathletic@gmail.com

Date _____

Name _____ Gender _____

Social Security # _____ Date of birth _____

Current Address _____
 Street City State Zip

Permanent Address _____
 Street City State Zip

I will be at my Current Address until the following date _____

Current Phone _____ Permanent Phone _____

Email Address _____ Fax (if available) _____

How did you hear about Rock Solid? _____

Position applying for: (check all that apply) Leadership Lifeguard Leader in Training Counselor
 Junior Counselor After School Program Office Staff

If you are over 24 and are interested in driving camp vehicles, please supply current driver's license information:

State License Number Date Issued Expiration Date

CERTIFICATIONS: *Please indicate expiration dates of current certifications. Include copies of front and back.*

Required: Basic First Aid _____ C.P.R. _____ (Rock Solid will certify for \$25)

Additional: Advanced First Aid _____ W.S.I. _____ Lifeguard Cert. _____

EMPLOYMENT HISTORY:

Give details of any former and current employment- especially at camps, paid or unpaid. List your most recent employment first:

<i>Dates Employed</i>	<i>Employer</i>	<i>City and State</i>	<i>Telephone</i>	<i>Your Position</i>	<i>Reason for Leaving</i>

Please list job-related organizations, clubs, or other associations to which you belong. _____

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 checklist items with your application:

- _____ A copy of your Drivers License
- _____ A copy of your Social Security Card
- _____ A 2-3 minute You Tube video on why we should hire you. (Please submit this video to rocksolidathletic@gmail.com prior to your interview)
- _____ (3) Completed Reference Forms (Do not fill these out on yourself)
- _____ Worker's Permit if under the age of 18
- _____ Signed Release for Random Drug Testing
- _____ Completed medical release form
- _____ Completed Staff Health Form

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, 718 Professional Drive N, Shreveport, LA 71105
For more information: Email us at rocksolidathletic@gmail.com or
Contact us at 318-779-1451

2018 Rock Solid Applicant Reference

Applicant Name: _____

The above-named applicant is applying for employment at Rock Solid Athletic Club & Camps, a Christian athletic non-profit. Your prompt attention would be appreciated. Circle the rating which best describes the applicant's ability in each area with 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. Leadership Ability 5 4 3 2 1 N/A

Comments: _____

15. Willingness to go Beyond Expected 5 4 3 2 1 N/A

Comments: _____

16. Suitability to work with Children 5 4 3 2 1 N/A

Comments: _____

17. Commitment and Love for the Lord 5 4 3 2 1 N/A

Comments: _____

18. Moral Integrity 5 4 3 2 1 N/A

Comments: _____

19. Willingness to Work with Others 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) 779-1451 or by e-mail at rocksolidathletic@gmail.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: _____



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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



2018 Rock Solid Camps Medical Release Form

Employees will be responsible for all medical expenses incurred for any illness and/or injury sustained while participating in recreation activities. Recreational activities are activities that occur during the camp day, during time working at any pool or while participating in Voluntary activities outside the work day of Camp.

Statement of Understanding

I, the undersigned employee, do hereby release, indemnify and hold harmless Rock Solid, its agents, representatives, employees, and successors and assigns, from and against any and all claims, liabilities, suits, actions or proceedings which may arise out of, or in any way may be connected with any illness or injury I incur. This indemnity shall include, but shall not be limited to, indemnification with respect to any costs of medical as well as, temporary and permanent benefits, defense and attorney fees. I further understand that I am not to participate in any high-risk activity unless there is an employer designated certified operator present. When I participate in my high-risk activity, I will follow presented guidelines for that activity and be responsible for understanding these guidelines prior to my participation.

I have carefully read the statements described herein, and fully understand and accept my responsibilities in the event of any injury or illness.

Employee Signature

Guardian Signature if under 18

Employee Name (please print)

Guardian Name (please print)



2018 STAFF HEALTH FORM

Name: _____
Last First Middle

Birthdate: _____ Gender: Male ___ Female ___

Permanent Address: _____

Home Phone: _____ Cell Phone: _____

SS#: _____ Insurance Provider: _____

In case of emergency, please contact:

1. _____ Phone: _____ alt. phone _____

2. _____ Phone: _____ alt. phone _____

Health History (Please check all that apply:)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Mono |
| <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> High Blood pressure | <input type="checkbox"/> Hypoglycemia | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Kidney/Urinary | <input type="checkbox"/> Orthopedic Problems | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Other (please list) _____ | | |

Drug Allergies (List any medications you are allergic to) _____

Allergies: (Hay Fever, Insect Stings, Poison Ivy, Food Allergies, please list) _____

Date of Last Tetanus Shot: _____

Have you been treated in the past 12 months for a psychological disorder? If yes, please explain. _____

List any previous surgeries: _____

Have you had any illness occurring in the last 3 years causing you to miss school or work? If yes, please explain. _____

I have medical insurance: ___Yes ___No

Signature: _____ Date: _____