



9020 Bartonsville Woods Rd Stroudsburg PA 18360-8137  
Phone: (570) 629-0244 Fax: (570) 620-0616

## NURSE APPLICATION

**Important:** For consideration this application **MUST** be accompanied by:

- Copy of your driver's license
- Two IGC Letters of Reference
- Copy of your current nursing license
- Copy of CPR Certification
- Copy of First Aid Certification

**\*\*Copy of Social Security Card must be furnished upon hire\*\***

### PERSONAL INFORMATION:

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Dates Available: \_\_\_\_\_

### Permanent Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### Current Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #'s: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

**IGC IS AN EQUAL OPPORTUNITY EMPLOYER**

**List your last three employers:**

Employer	Supervisor	Phone #	Your Position	Dates	Reason For Leaving

**List three personal references whom we can call, other than family members:**

Name	Phone#	Relationship

Please list degrees, licenses and certifications that you currently hold:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Describe all leadership / volunteer positions that you have held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experience do you have working with children? (Describe duties, responsibilities and ages of children.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any coaching or counseling experience you have had:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked at a camp (of any kind) before? \_\_\_\_\_ If "YES" when? \_\_\_\_\_  
Which Camp? \_\_\_\_\_ In what capacity? \_\_\_\_\_  
What were your responsibilities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What assets can you bring to this camp?

\_\_\_\_\_  
What are your strongest qualities? \_\_\_\_\_  
\_\_\_\_\_

How would you describe yourself to someone who doesn't know you?

\_\_\_\_\_  
\_\_\_\_\_

What do you feel will be your biggest challenge?

\_\_\_\_\_

What would be the most important thing you would want campers to learn from you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why should IGC hire you?

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Please list any additional information you feel is important:

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What experience do you have with:

Pediatric care?

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Diabetic child care?

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Asthmatic children?

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Are you available for 24 hour duty, if necessary? \_\_\_\_\_

### BACKGROUND INVESTIGATION QUESTIONS

“YES” answers to the following five questions will not necessarily result in denial of employment. We will consider all the circumstances, including the date and nature of events which have led to the actions described below. Your written explanation will assist us in determining your eligibility and suitability for employment. You may attach additional sheets if necessary.

1. Have you ever been convicted of, admitted committing, or are you awaiting trial for any crime (excluding only minor traffic violations not involving any allegation of drug or alcohol impairment)? You must answer “YES” even if the matter was later dismissed, deferred, vacated or expunged. If you answer “YES”, you must provide dates of the proceedings, the court where the proceedings occurred, a statement of the accusation against you and the final disposition of the case(s).

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation:

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2. Do you authorize International Gymnastics Camp to obtain your Motor Vehicle Records report for employment purposes and authorize anyone to disclose this information to the International Gymnastics Camp? Do you release all persons from any liability for obtaining or providing this information? And, do you agree that a photocopy or fax copy of this authorization is as valid as the original?

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation:

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3. Have you ever been dismissed (fired) from any job, or resigned at the request of your employer, or while charges against you or any investigation of your behavior was pending? You must answer "YES" even if the matter was later resolved with any form of settlement or severance agreement, regardless of its terms. If you answer "YES", you must provide the date of termination of employment, the name, address and telephone number of the employer(s) and a statement of the accusations against you and the final disposition.

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation:

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4. Have you ever had any license or certificate of any kind (teaching certificate or otherwise) revoked or suspended, or have you in any way been sanctioned by, or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer "YES", you must provide the dates of proceedings, name, address and telephone number of the agency or body where proceedings took place, a statement of the accusations against you and the final disposition.

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation:

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5. Are you now being investigated for any alleged misconduct or other alleged grounds for discipline for any licensing, certification or other regulatory body (teaching certificate or otherwise) or by your current or any previous employer? If you answer "YES", you must provide the name, address and telephone number of the employer or licensing body and a statement of the accusations against you.

YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation:

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I attest to the best of my knowledge that the information provided to **International Gymnastics** is accurate and true. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, law enforcement agency, current employer, past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this position involves working with children and I authorize International Gymnastics to do the necessary criminal background check to finalize my employment.

I have read, understand, and by my signature consent to these statements.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SIGN AND RETURN THIS FORM WITH COPIES OF YOUR SOCIAL SECURITY CARD AND DRIVERS LICENSE IMMEDIATELY IN ORDER FOR US TO PROCEED WITH COMPLETING THE HIRING PROCESS**