



# 2023 EMPLOYMENT APPLICATION

9400 Ellerbe Road, Shreveport, LA 71106

318-465-3684 ~ 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. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION:** *(starting after high school)*

<i>Institution Attended</i>	<i>Years Completed</i>	<i>Field of Study</i>	<i>Degree Granted</i>

**REFERENCES:** *Give the following information of three people who have knowledge of your character, experience, and ability with regard to the position that you are applying. Do not list relatives.*

1. \_\_\_\_\_  
Name Relationship Daytime Phone #

2. \_\_\_\_\_  
Name Relationship Daytime Phone #

3. \_\_\_\_\_  
Name Relationship Daytime Phone #

*Explain why you are interested in working for Rock Solid and what you hope to gain from the experience.*

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

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

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*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?* \_\_\_\_\_

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- |   |        |       |
|---|--------|-------|
| 1. Has your name ever been placed on the Central Registry of child abuse? | ___Yes | ___No |
| 2. Have you ever been convicted of a misdemeanor?                         | ___Yes | ___No |
| 3. Have you ever been convicted of a felony?                              | ___Yes | ___No |
| 4. 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 offense.*

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## 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

\_\_\_\_\_

\_\_\_\_\_ (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

\_\_\_\_\_ Completed tax documents

*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, 9400 Ellerbe Road, Shreveport, LA. 71106

For more information: Email us at [rocksolidathletic@gmail.com](mailto:rocksolidathletic@gmail.com) or

Contact us at 318-465-3684

## 2023 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?

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

YOUR NAME: \_\_\_\_\_

TITLE/OCCUPATION: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_



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318-465-3684 or 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.

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SIGNATURE

DATE

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PRINTED NAME

DATE



## 2023 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.

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### 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.

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Employee Signature

Guardian Signature if under 18

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Employee Name (please print)

Guardian Name (please print)



# 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: \_\_\_\_\_