

Camp Winnebago

19708 Camp Winnebago Road, Caledonia, MN 55921

Telephone: (507) 724-2351 Fax: (507) 724-3786

E-Mail: director@campwinnebago.org

Website: www.campwinnebago.org

Nursing Application

Name: _____ Phone: _____

Social Security #: _____

Address:

(Street) (City) (State) (Zip code)

State(s) of Licensure: _____

License#'s: _____

College Attended: _____

Dates Attended: _____

Address:

(Street) (City) (State) (Zip code)

Degree(s) Acquired:

Graduate Work:

Certifications (Please include expiration dates)

EMT:	Yes _____	No _____	_____/_____/_____
Advanced First Aid:	Yes _____	No _____	_____/_____/_____
CPR:	Yes _____	No _____	_____/_____/_____

Provide background in camp nursing:

Provide experience working with the developmentally disabled:

Provide experience in emergency nursing:

Would you be willing to live at Camp Winnebago from early June to late August? Yes ___ No ___

If no, please explain:

Have you ever been convicted of a misdemeanor, gross misdemeanor, or felony of a non-traffic nature?

Yes _____ No _____ If yes, please explain:

Employment History

Current Employer: _____ Supervisor: _____

Phone: _____

Address:

(Street) (City) (State) (Zip code)
Dates Employed: _____ Duties: _____

Clinical Experience (school or work)

Include Resume of work experience & (if new grad) a transcript of nursing course work

Hospital/Clinical Agency: _____ Supervisor/Instructor: _____

Phone: _____

Address:

(Street) (City) (State) (Zip code)
Dates Employed: _____ Duties: _____

Hospital/Clinical Agency: _____ Supervisor/Instructor: _____

Phone: _____

Address:

(Street) (City) (State) (Zip code)
Dates Employed: _____ Duties: _____

Other Work Experience (include volunteer work)

Employer: _____ Supervisor: _____

Phone: _____

Address:

(Street) (City) (State) (Zip code)

Dates Employed: _____ Duties: _____

Employer: _____ Supervisor: _____

Phone: _____

Address:

(Street) (City) (State) (Zip code)

Dates Employed: _____ Duties: _____

Give Three Personal References (no relatives)

1) Name: _____ Phone: _____ # Years Known: _____

Relationship: _____

Address:

(Street) (City) (State) (Zip code)

2) Name: _____ Phone: _____ # Years Known: _____

Relationship: _____

Address:

(Street) (City) (State) (Zip code)

3) Name: _____ Phone: _____ # Years Known: _____

Relationship: _____

Address:

(Street) (City) (State) (Zip code)

I understand that a certificate of a satisfactory physical exam is a prerequisite to acceptance for employment. I hereby release any information from my files or references pertaining to this job application. I testify that the above information is correct. If not my employment with Camp Winnebago could be terminated. Camp Winnebago is an equal opportunity employer.

Signature: _____

Date: _____