

# HAUT LAC INTERNATIONAL CENTRE – MY SWISS CAMP

## Employment Application



### APPLICANT INFORMATION

Surname		First Name		Initial	Date	
Date of Birth		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Height		Weight
Permanent Address: Street						
Town/City/County		Country		Postcode		
Phone No		E-mail Address				
Contact Address (if different from above): Street						
Town/City/County		Country		Postcode		
Phone No		E-mail Address				
Is this application for	Summer programme <input type="checkbox"/>	Winter Programme <input type="checkbox"/>	Spring Programme <input type="checkbox"/>	Autumn Programme <input type="checkbox"/>	Field Study Programme <input type="checkbox"/>	
Dates Available						
Position Applied for						
Are you a EU citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, do you have a permit to work in Switzerland?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a driving license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What is your nationality?			
Are you licensed to drive a minibus?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Do you have a criminal record?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			
Are you currently either a full or part time student	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Passport Number(s)			Issuing Country(ies)			

### EDUCATION

Secondary Education		Address	
From	To	GCSEs/A-Levels/IB Diploma	
College/University			Address
From	To	Qualifications	
College/University			Address
From	To	Qualifications	

### REFERENCES

*Please list three professional references.*

Full Name		Relationship	
Company		Phone No	(     )
E mail address			
Address			

Full Name		Relationship	
Company		Phone No	( )
E mail Address			
Address			
Full Name		Relationship	
Company		Phone No	( )
E mail address			
Address			

**PREVIOUS EMPLOYMENT**

Company		Phone No	( )
Address		Supervisor	
Job Title			
Responsibilities			
From		To	
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone No	( )
Address		Supervisor	
Job Title			
Responsibilities			
From		To	
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company		Phone No	( )
Address		Supervisor	
Job Title			
Responsibilities			
From		To	
Reason for Leaving			
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**DISCLAIMER AND SIGNATURE**

I certify that the information in this application is true and correct and understand that any intention to deceive will be cause for dismissal and possible prosecution.  
 To guarantee our immediate consideration of your application please be sure that you have included the following: **A Photocopy of your current passport(s);  
 2 Passport sized Photographs; All personal information** on this application; **Your signature** below

Signature		Date	
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## FURTHER DETAILS

Do you smoke      Yes       No       Socially

Marital Status

List any physical restrictions that may affect your work with Haut Lac?

If you are applying with a friend please give their name.

Are you willing to accept a job independently of them?      Yes       No

Please indicate which age group you would prefer to work with if possible.      8 - 12       13 - 18       no preference

Have you worked in a camp environment before? Yes       No       If yes please give details of the camp.

What are you currently doing in terms of work, studies or travels?

Explain how your education and work experience may benefit your application? Please also add details of any experience you have had working with children.

Describe briefly why you have applied to work at Haut Lac?

Should you be successful, what would you hope to achieve during your time with us?

Describe any positions of authority you have held. Explain why you were given these positions?

Given the task of organising 3 evening activities for a mixed group of students aged 8 to 16, briefly describe which activities you would choose and how you would organise the evening?

**SKILLS & QUALIFICATIONS**

In the following categories please list sports and activities in which you have skills. Rate your experience from 1 to 5 where 1 represents activities you can organise and teach, and 5 represents those activities for which you have a basic understanding.

**Art & Crafts**

Activity	Level

**Sports**

Activity	Level

**Outdoor activities**

Activity	Level

Qualifications: Please indicate any qualifications you may possess in the following areas. Please enclose copies of certification.

First Aid  Nursing  TEFL/ESL Teacher  French Teacher  German Teacher  School Teacher  Other Teacher  Ski Instructor

Tennis Coach  Football coach  Basketball Coach  Volleyball Coach  Watersports Coach  Adventure sports coach  Lifeguard  Drama

Art  Photography  Computers  Music  Cooking  Other Kitchen/Domestic

Other qualifications not listed.

Language Skills: Please list details of all the language skills you possess. Start with your Mother Tongue (MT)

Language	Fluent	Good	Basic	No Knowledge
(MT)	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>