

Pennsylvania Lions Beacon Lodge Camp

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Phone: (814) 542-2511 Fax: (814) 542-7437
Website: www.beaconlodge.com

PLEASE PRINT OR TYPE

PLEASE ATTACH RECENT PHOTO/Driver License

NURSING STAFF APPLICATION

Name _____ Social Security # _____

Address _____
(Street) (City & State) (Zip code)

Phone Number _____ Email _____

Cell Phone: _____

College /Nursing School: _____

Year of Graduation: _____ Degree or Diploma: _____

Nursing License: _____ State of License _____

Sex: () M () F DOB: ____/____/____ Age: ____ Driver's License #: _____

What Position are you applying for?

___ Full Time RN ___ Part Time RN ___ Residential RN Desired Salary:
___ Full Time LPN ___ Part Time LPN ___ Residential LPN _____

EMPLOYEES WILL BE REQUIRED TO WORK WEEKENDS. IF NOT AVAILABLE FULL TIME, WHAT AND HOW MANY DAYS ARE YOU AVAILABLE TO WORK AND AT WHAT TIME:

Have you previously worked for Beacon Lodge Camp? If yes, what position: _____

If no, how did you become aware of the position? _____

Every day med passes are scheduled for 8 am, 12pm, 5pm,and 8pm.

Check all that apply. I have experience/certifications in the following areas:

___ Lifts/Transfers ___ Adult CPR ___ AED ___ Child/Infant CPR ___ First Aid ___ Heat Stroke
___ Snake Bites ___ Seizures ___ Epi-Pen ___ Choking Victim ___ Anaphylactic Shock
___ Dispensing Meds ___ Mental Retardation ___ Cerebral Palsy ___ Bathing ___ Feeding
___ Dressing ___ Infection Control ___ Body Audits ___ Passing Meds ___ Diabetes
___ Crisis Management

Do you have any pre-existing medical conditions that inhibit you from the necessary duties required of camp nursing personnel? (E.G. Bending, lifting, pushing wheelchairs, standing long periods of time, performing ADL's) ___ No; ___ Yes: Please indicate:

How do you become aware of the nursing position at Beacon Lodge? _____

LIST EMPLOYMENT OR OTHER EXPERIENCE THAT YOU FEEL WOULD QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING. PLEASE GIVE NAME & ADDRESS OF COMPANY, TYPE OF JOB, SUPERVISORS; NAME AND DATES EMPLOYED.

NAME/ ADDRESS: _____

SUPERVISOR: _____

TYPE OF JOB: _____

DATES EMPLOYED: _____

NAME/ADDRESS: _____

SUPERVISOR: _____

TYPE OF JOB: _____

DATES EMPLOYED: _____

REFERENCE INFORMATION: NO RELATIVES PLEASE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS HEREIN INCLUDING FORMER EMPLOYEES AND THE REFERNCES LISTED BELOW AND RELEASE THE CAMP AND ALL OTHERS FROM LIABILITY IN CONNECTION WITH THE SAME. I UNDERSTAND THAT UNTRUE, MISLEADING, OR OMITTED INFORMATION HEREIN MAY RESULT IN DISMISSAL, REGARDLESS OF THE TIME OF DISCOVERY BY THE CAMP.

SIGNATURE OF APPLICANT: _____

DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

RELATION TO APPLICANT: _____

NAME: _____ PHONE: _____

ADDRESS: _____

RELATION TO APPLICANT: _____