

Minnesota Hockey Camps Application Instructions



- (1) First you will need to choose a job that you want to apply for:
 - Counselor applicants need to be 18 years or older with a valid driver's license and need to work at least 5 weeks.
 - Pro Shop workers will need to be 15 years or older and must be available for at least 5 weeks.
 - "Scrub" workers must be at least 13 years old and will be asked to pay \$200 a week for food and housing. They must also be available to work at least 5 weeks.
 - All applicants will receive free training along with their room and board (excluding scrubs).
- (2) Fill out the following pages of the application and return to Minnesota Hockey Camps. Make sure it is neat and legible. Email will be the main source of communication from MHC, so please make sure you include one.
- (3) With your application, include two letters of recommendation from someone other than family members. They could be coaches, teachers, professors, former employers, and/or family friends. We will contact your references so have them include a phone number and email. References may also send their letters of recommendation by email to carrie@mnhockeycamps.com.
- (4) If you are applying for the COUNSELOR position you will need to include a copy of your valid driver's license.
- (5) If you have any questions feel free to contact Carrie at carrie@mnhockeycamps.com or Joe at joe@mnhockeycamps.com.
- (6) Send completed application and letters of recommendation to:

MINNESOTA HOCKEY CAMPS
P.O. BOX 90
NISSWA, MN 56468

FAX (218) 963-2325

EMAIL carrie@mnhockeycamps.com OR joe@mnhockeycamps.com

EMPLOYMENT APPLICATION



FULL NAME: _____

DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

HOME PHONE: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

POSITIONS AVAILABLE: COUNSELOR (18 yrs & older) PRO SHOP(15yrs & older) SCRUB(13yrs & older)

EDUCATION

COLLEGE: _____ YRS. COMPLETED: _____

HIGH SCHOOL: _____ YRS. COMPLETED: _____

REFERENCES

(1) NAME: _____ PHONE/EMAIL: _____

RELATIONSHIP: _____ COMPANY: _____

(2) NAME: _____ PHONE/EMAIL: _____

RELATIONSHIP: _____ COMPANY: _____

JOB EXPERIENCE

COMPANY _____ EMPLOYER _____

TITLE/JOB _____ HOW LONG? _____

MAY WE CONTACT THEM? Y N IF YES, PHONE NUMBER _____

COMPANY _____ EMPLOYER _____

TITLE/JOB _____ HOW LONG? _____

MAY WE CONTACT THEM? Y N IF YES, PHONE NUMBER _____

QUESTIONS

Please answer the questions to the best of your ability. You may use another piece of paper or the back of this one.

- (1) DO YOU HAVE A DRIVER'S LICENSE (Must have one to be a counselor)? IF SO, HAVE YOU EVER BEEN PULLED OVER FOR SPEEDING OR ANY OTHER TRAFFIC VIOLATIONS?

Drivers License# _____

- (2) DO YOU HAVE A POLICE RECORD OF ANY KIND, MISDEMEANORS OR FELONIES?

- (3) HOW IMPORTANT IS HOCKEY IN YOUR DAILY LIFE? YOUR GOALS, ASPIRATIONS, ETC.

- (4) WHAT DO YOU HOPE TO GAIN FROM WORKING FOR MHC?

- (5) HAVE YOU EVER WORKED WITH CHILDREN BEFORE?

- (6) HOW MANY WEEKS WILL YOU BE AVAILABLE FOR THE SUMMER OF 2009?