



## Employment Application

Summer 2020

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Address Apartment/Unit #*

\_\_\_\_\_ *City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates available; check all that apply:

- Half Summer (May 28-June 24)  
 Three-quarter Summer (May 28-July 15)  
 Full Summer (May 28-Aug. 5)

Returning staff member? Yes \_\_\_ No \_\_\_

If so, how many summers have you worked here? \_\_\_\_\_

In which position are you applying? Check all that apply.

- Programming Staff  
 Food Services Staff  
 Facilities Assistant  
 Office Assistant

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a citizen of the United States? Yes \_\_\_ No \_\_\_

If no, are you authorized to work in the United States? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_

If yes, will this hinder you from working with or around children? Yes \_\_\_ No \_\_\_

Please explain: \_\_\_\_\_

## Education

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Years attended: \_\_\_\_\_

Have you graduated? Yes \_\_\_ No \_\_\_

College: \_\_\_\_\_

Address: \_\_\_\_\_

Years attended: \_\_\_\_\_

Have you graduated? Yes \_\_\_ No \_\_\_

Degree: \_\_\_\_\_

Other: \_\_\_\_\_

Address: \_\_\_\_\_

Years attended: \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_

Degree/Certificate? \_\_\_\_\_

## References

Please list two professional references and one personal reference.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## Previous Employment

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

## General Information

Are you currently CPR/First aid certified? Yes \_\_\_ No \_\_\_

If so, when does the certification expire? \_\_\_\_\_

Have you ever been trained/certified in any of the following activities? Check all that apply.

Zip line

Belay for Rock Climbing

Mountaineering

Mountain Biking

Low ropes/challenge course

Food Service

Other Certifications: \_\_\_\_\_

Camp Como is a 501(c)3 non-profit charitable organization. Camp is a Christian camp with a long legacy of Christian ministry and discipleship to youth and adults. Camp's mission is to provide a unique mountain experience for campers to encounter Jesus, grow in their faith, and be called to ministry. The founders and leaders of Camp subscribe to traditional Christian beliefs as articulated in the Apostles' and Nicene Creeds. A complete statement of faith is available upon request.

Are you willing to support and serve under Camp Como's mission and statement of faith?

Yes \_\_\_ No \_\_\_

## Disclaimer and Signature

I certify that the answers provided are true and complete to the best of my knowledge.

If this application leads to employment at Camp Como, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_