



Employment Application

Summer 2021

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 25-July 2)

Full Summer (May 25 – July 31)

Returning staff member? Yes No

If so, how many summers have you worked here? _____

In which position(s) are you interested? Check all that apply.

Programming Staff

Food Services Staff

Facilities Assistant

Office Assistant

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: _____