



SEASONAL STAFF APPLICATION

COMPLETE, SIGN, AND RETURN TO ADDRESS ABOVE

Name (First, Middle Initial, Last) _____ Mobile _____ Best time to call _____

Address _____ E-mail _____

City _____ State _____ Zip _____

Male Female Social Security No. _____ I will be at least 18 21 25 years old at the start of employment.

Driver's license No. _____ State _____ Type _____

Church Membership _____ City _____ Denomination _____ Synod _____

Have you ever been a staff member at Camp Perkins before? _____ If yes, when and in what position did you serve? _____

What were your responsibilities? _____

EDUCATION STATUS:

High School / College / Other	City/State	Year	Degree earned
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Organizations or Clubs in which you are active _____

Certifications – List type and expiration date of all CURRENT Certificates and Licenses in each category.

First Aid: _____ CPR: _____ Waterfront: _____

PAST EMPLOYMENT (List two most recent employers)

Employer	Address / City / State / Zip	Phone	Position	Dates
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Have you ever been convicted of a child abuse or sexual abuse offense? _____ If yes, explain: _____

Have you ever been convicted of a felony or misdemeanor? _____ If yes, explain: _____

Do you have any impairment, physical or mental, which might limit or affect your performance of duties? _____ If yes, describe _____

Do you give permission for a potential employer to do a complete background check? Yes No If yes, please list your birthdate for Background Check: _____

REFERENCES: List names and addresses of 3 people (*not relatives and not fellow students*) who have knowledge of your character, experience, and ability. Please provide complete addresses, emails (if possible), and phone numbers.

Name	Address	Telephone (include area code)	Email	Relationship to you
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

AVAILABILITY: If offered a position, when is the earliest that you could arrive? _____ What would your expected end date be? _____

APPLICANT'S SIGNATURE: Your signature below verifies that you have completed this application form, that all information is true to the best of your knowledge, and you are herewith submitting it to Camp Perkins LOM on your behalf. If employed, any false statements on this form are grounds for immediate dismissal.

I give my permission to contact any previous employer and/or reference and/or school and I will hold harmless any such employer/reference/school for any information they release about me relative to my employment with Camp Perkins LOM. I hereby authorize Camp Perkins to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Camp Perkins will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Signed: _____ Date: _____