

Office Use Only Date Received ___/___/___ Access _____ Email _____

EMPLOYMENT APPLICATION

I. Personal Information

Name _____

Date of Birth (mm/dd/yy) ___/___/___ Current Age _____ Gender: M F

Permanent Address _____ City _____

State _____ Zip _____

Phone _____ Cell Phone _____

Email _____ (please make sure this is your primary email address)

Do you have Facebook? Yes ___ No ___

Social Security # _____ - _____ - _____ (required for background check only if considered for hire)

Are you a U.S. Citizen? Yes / No

If not, do you have a Working Visa? _____

II. Church Affiliation

Church Attending _____

Denomination _____

City _____ State _____ Zip _____

Attending Since _____

III. Education

	Name & Location	Date of Graduation and Degree	Major/Subject of Study
High School			
College			
Specialized Training, Trade School, etc			
Other Education			

IV. Other Information

1. Do you smoke?	Yes	No
2. Do you drink alcoholic beverages?	Yes	No
3. Do you use controlled substances (illegal or non-illegal)	Yes	No
5. Do you have any pending arrests or have you ever been convicted of a crime?	Yes	No
6. Have you ever been found guilty for any offense involving a minor child?	Yes	No
7. Are you, or have you ever, been placed on any registry for sex offenders?	Yes	No
8. Have you ever been denied the opportunity to work with children in any capacity?	Yes	No
9. Have you ever been convicted of any crime related to the abuse or molestation of children?	Yes	No
10. Have you ever been convicted of a felony or terminated from employment as a result of workplace violence?	Yes	No

**** Please Note**** Hidden Acres does not tolerate the use of illegal or non-illegal substances such as paint sniffing, glue sniffing, or overdosage of common household items. Abuse of substances such as these will be grounds for immediate termination.

V. Spiritual

Do you know Jesus Christ as your personal Lord and Savior? Yes No

Please tell us about your salvation experience:

Please describe your current involvement in your local church:

VI. Employment History—Two Most Recent

Name of Business/Company _____

City and State _____

Name of Supervisor _____ May we contact: ____ Yes ____ No

Your Title/Position _____ Ending pay \$ _____

Beginning Date of Employment _____ End Date of Employment _____

Reason for Leaving _____

Name of Business/Company _____

City and State _____

Name of Supervisor _____ May we contact: ____ Yes ____ No

Your Title/Position _____ Ending pay \$ _____

Beginning Date of Employment _____ End Date of Employment _____

Reason for Leaving _____

VII. References (Please supply two references, NOT related to you, whom you have known for at least one year.)

Name _____

Address _____

Phone Number _____ Email _____

What is your relationship to this reference? _____

Name _____

Address _____

Phone Number _____ Email _____

What is your relationship to this reference? _____

MEDICAL INFORMATION

Name _____
Last First Middle Initial

Cell Phone # (_____) - _____ - _____ E-mail _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Current Age ____ years
Month Day Year

Insurance Company _____

Insurance Company Address _____

City _____ State _____ Zip _____

Insurance Phone # (_____) - _____ - _____

Policy # _____

Date of most recent Tetanus Shot ____/____/____

Please list any known medical conditions: _____

In case of medical emergency, please supply two emergency contacts:

Emergency Contact _____

Phone Number _____

Emergency Contact _____

Phone Number _____

Employee Signature _____ **Date** _____

Parent Signature (If under 18) _____ Date _____

Employment Agreement

I understand that this application is intended for evaluating my qualifications of employment. THIS IS NOT AN OFFER OF EMPLOYMENT.

If my application is accepted, I can be depended upon to cooperate with the Director and other leaders, to be subject to camp regulations and routines, and to sacrifice personal desires in the interest of the guests and Christ.

I have read and agree with the Statement of Faith provided on Hidden Acres' website (www.hacamps.org/About Us/Statement of Faith)

By signing this application form, I (or my parents if under 18) release and waive any and all claims arising out of the use by Hidden Acres and its authorized designee of my likeness and/or my voice on film, video tape, or sound recording in any promotional literature, film, or camp website.

I hereby authorize all previous employers to furnish my record, reason for leaving, and all information they have concerning me, and release employers / references from all liability or damage arising there from.

I also understand that Hidden Acres may conduct a criminal record history check for the purpose of ensuring all applicants will have had no history of abusing or neglecting children. By signing this Agreement, I am authorizing Hidden Acres to conduct a background check.

I certify that everything in this application is correct and truthful. Employment may be terminated at any time if I have given false or incomplete information on this application.

Applicant's Printed Name _____

Signature _____ **Date** _____

Parent Signature (If under 18 years) _____

7/15/2018