



# Camp Sunshine Employment Application Form

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Last First Middle*

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PERMANENT ADDRESS (if different): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Home PHONE: ( ) \_\_\_\_\_ Cell PHONE: ( ) \_\_\_\_\_

Position applying for: \_\_\_\_\_

Applying for:  Regular full-time  Regular part-time  Temporary

Describe availability: \_\_\_\_\_

Have you ever applied for a position at Camp Sunshine before? No  Yes  — If yes, when? \_

Do you have any friends or relatives employed by Camp Sunshine? No  Yes  — If yes, share:

\_\_\_\_\_  
*Name, Position*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Name, Position*

\_\_\_\_\_  
*Relationship*

Please write a short paragraph telling how you became a Christian: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ..... Yes  No

Are you at least 18 years old? (If under 18, hire is subject to being of minimum legal age to work) ..... Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... Yes  No

Have you ever been convicted of a crime (other than moving violations)? ..... Yes  No   
— If yes, please explain. \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... Yes  No

If no, describe the functions that cannot be performed:

\_\_\_\_\_

\_\_\_\_\_

Are you currently employed? ..... Yes  No

If so, may we contact your current employer? ..... Yes  No

Some of those with whom we communicate might not speak English.

Do you speak, write, or understand any foreign language(s)? ..... Yes  No

If yes, which languages? \_\_\_\_\_

---

## Education

School	Name, Address, City, State, Zip	# Years Completed	Did you Graduate?	Degree or Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/ Business			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/ Business			Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employed From/To	Company Name, Address, City, State, Zip	
		Phone: (    )                      -
		Supervisor's Name:
		His/Her Extension:
	Your Job Title:	
	Your Duties:	
	Reason for Leaving:	Start Salary:                      Ending:
	May we contact this employer for a reference?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Phone: (    )                      -
		Supervisor's Name:
		His/Her Extension:
	Your Job Title:	
	Your Duties:	
	Reason for Leaving:	Start Salary:                      Ending:
	May we contact this employer for a reference?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Phone: (    )                      -
		Supervisor's Name:
		His/Her Extension:
	Your Job Title:	
	Your Duties:	
	Reason for Leaving:	Start Salary:                      Ending:
	May we contact this employer for a reference?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

Attach additional pages if necessary.

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

	Address, City, State, Zip
First & Last Name:	
Phone:	
Occupation:	# Years Acquainted:
First & Last Name:	
Phone:	
Occupation:	# Years Acquainted:
First & Last Name:	
Phone:	
Occupation:	# Years Acquainted:

**Please read carefully, initial each paragraph, and sign below.**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my  
*Initials* chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Camp Sonshine to thoroughly investigate any references, work record, education,  
*Initials* and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Camp Sonshine any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Camp Sonshine, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may  
*Initials* be granted or during my employment, if hired, is intended to create an employment contract between me and Camp Sonshine. In addition, I understand and agree that if I am employed my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Camp Sonshine, and that no promises or representations to the contrary are binding on Camp Sonshine unless made in writing and signed by me and the Camp Leadership.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction,  
*Initials* civil judicial action, tax lien, or outstanding judgment) be conducted by Camp Sonshine, I am entitled to copies of any such public records obtained by Camp unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*