



CAMP CAPELLA
8 Pearl Point Road
PO Box 552
Holden, ME 04429
(207) 843-5104

EMPLOYMENT APPLICATION

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for positions without regard to: race, color, sex, religion, sexual orientation, age (except provided by law), ancestry or national origin, physical or mental disability, Vietnam era, special disabled, recently separated and other protected veterans or status as a whistle blower.

(Please answer all questions - please print legibly or type)

Date of Application: _____

Position Applied For: _____ Desired Location: _____

Name: _____

Street Address: _____ Phone Number: _____

City/State/Zip Code: _____

Do you have a legal right to work in the United States? _____ Yes _____ No

Are you 18 years of age or older? _____ Yes _____ No

Have you ever worked for this agency before? _____ Yes _____ No If yes, where? _____

Dates: From: _____ To: _____ Position held: _____

Referral Source: ___ Advertisement ___ Friend ___ Current Employee ___ Website ___ Walk-in ___ Other

When are you available for employment? _____

Are you available to work? _____ Full Time _____ Part Time

Can you travel if a job requires it? _____ Yes _____ No

Can you provide your own transportation? _____ Yes _____ No

Have you ever been the subject of a child or adult abuse investigation? _____ Yes _____ No

If yes, please give details: _____

Have you **ever** been convicted of a crime? (includes felony, misdemeanor, OUI) _____ Yes _____ No

If yes, please explain: _____

Is there a criminal action currently pending against you? _____ Yes _____ No

If yes, please explain: _____

Have you ever, in this state or any other state, had a license or certification (professional license, drivers license) revoked or suspended, or have you ever voluntarily surrendered a license or certification? _____ Yes _____ No

If yes, give details: _____

NOTE: DMV, Criminal and Child Protective checks are performed on all persons selected for employment.

Professional license(s) or certification(s) currently held (include numbers if applicable): _____

Specialized training or skills: _____

EDUCATION

<u>Name of School</u>	<u>City/State</u>	<u>Degree Completed?</u>		<u>Degree Type</u>	<u>Major</u>
_____	_____	Yes	No	_____	_____
_____	_____	Yes	No	_____	_____

WORK & MILITARY EXPERIENCE:

- Start with the most recent position and move backward through **ALL POSITIONS and military service for the past twenty years, including employed months and years.**
- Furnish dates and explanations for each period of **unemployment** of one month or more. You may exclude employment during high school.
- **THIS FORM MUST BE COMPLETED IN FULL.** (Do **not** leave spaces blank with a note "see resume")
- You may attach a resume for supplemental information related to volunteer work, memberships, associations, etc.

Present or last position:

Employer: _____ Address: _____

Employed from: _____ to _____ Salary: _____ Position held: _____

Name of Supervisor: _____ Average Hours/Week: _____

Responsibilities: _____

Reason for Leaving: _____

If currently employed, may we contact your employer? _____ Yes _____ No

Contact Person: _____ Position: _____ Phone Number: _____

Next previous position:

Employer: _____ Address: _____

Employed from: _____ to _____ Salary: _____ Position held: _____

Name of Supervisor: _____ Average Hours/Week: _____

Responsibilities: _____

Reason for Leaving: _____

If currently employed, may we contact your employer? _____ Yes _____ No

Contact Person: _____ Position: _____ Phone Number: _____

WORK & MILITARY EXPERIENCE (cont')

Next previous position:

Employer: _____ Address: _____

Employed from: _____ to _____ Salary: _____ Position held: _____

Name of Supervisor: _____ Average Hours/Week: _____

Responsibilities: _____

Reason for Leaving: _____

Contact Person: _____ Position: _____ Phone Number: _____

Next previous position:

Employer: _____ Address: _____

Employed from: _____ to _____ Salary: _____ Position held: _____

Name of Supervisor: _____ Average Hours/Week: _____

Responsibilities: _____

Reason for Leaving: _____

Contact Person: _____ Position: _____ Phone Number: _____

Next previous position:

Employer: _____ Address: _____

Employed from: _____ to _____ Salary: _____ Position held: _____

Name of Supervisor: _____ Average Hours/Week: _____

Responsibilities: _____

Reason for Leaving: _____

Contact Person: _____ Position: _____ Phone Number: _____

Next previous position:

Employer: _____ Address: _____

Employed from: _____ to _____ Salary: _____ Position held: _____

Name of Supervisor: _____ Average Hours/Week: _____

Responsibilities: _____

Reason for Leaving: _____

Contact Person: _____ Position: _____ Phone Number: _____

ADDITIONAL REFERENCES:

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use this space for any additional information:

~ Applicant' Statement ~

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I authorize Camp CaPella to verify all statements contained in this application and to make any necessary job related reference checks.

I authorize the employers, supervisors, and references provided or discovered during my application process to give Camp CaPella any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise, and release all parties from all liability for any damage or injury that may result from furnishing same to Camp CaPella.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s), either written or verbal, may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

I understand that an offer of employment may be conditioned on the results of background checks.

I have read, understand and agree to the above applicant statement

Signature of Applicant

Date

Print Name