



Applicants will be given consideration without discrimination based on age, race, religion, ancestry, national origin, ethnicity, color, sexual orientation, sex, physical or mental disability, veteran's status, marital status, or any other status protected by law.

Please answer all sections even if you have attached a resume.

Today's Date: _____

PERSONAL

Name	Last	First	MI	Other Names Known By
Address				Home Phone Number
				Cell Phone Number (if different)
Position Desired				Pay Desired (please be specific)
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If offered employment you will be required to provide documentation to verify eligibility.				If offered, when would you be available to start work?
Have you ever been convicted of or pled guilty, NOLO, or no contest to, a felony crime? If yes, please give approximate date, nature of offense, location, status, and penalty:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a felony criminal action currently pending against you? If yes, please give approximate date, nature of offense, location, and status:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked here before? If yes, when and in what capacity?			<input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about this position?
Do you have any relatives or friends who work here? If yes, who?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you perform the essential functions of this position, either with or without, a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you are unsure please ask an interviewer for clarification before you answer this question.)
Do you belong to any professional, trade, business or civic organizations that relate to the position for which you are applying? (Please omit any organization that reflects your age, race, religion, ancestry, national origin, ethnicity, color, sexual orientation, sex, physical or mental disability, veteran's status, marital status, or any other status protected by law.) If yes, please list and include any offices held:				
Do you have any special training, skills or experience that would enhance your ability to perform in this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:				



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EDUCATION

School	Name and Location of School	Course of Study	# of Years Completed	Did You Graduate?
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY (please list most recent first)

Company	Phone Number
Address	Dates of Employment From _____ To _____.
Name & Title of Supervisor	Weekly Pay Start: \$ _____ Last: \$ _____
Job Title and Description of Work Performed	Reason for Leaving

Company	Phone Number
Address	Dates of Employment From _____ To _____.
Name & Title of Supervisor	Weekly Pay Start: \$ _____ Last: \$ _____
Job Title and Description of Work Performed	Reason for Leaving



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EMPLOYMENT HISTORY, cont.

Company	Phone Number
Address	Dates of Employment From _____ To _____.
Name & Title of Supervisor	Weekly Pay Start: \$ _____ Last: \$ _____
Job Title and Description of Work Performed	Reason for Leaving

Company	Phone Number
Address	Dates of Employment From _____ To _____.
Name & Title of Supervisor	Weekly Pay Start: \$ _____ Last: \$ _____
Job Title and Description of Work Performed	Reason for Leaving

<p>With your permission, we may contact your current employer. Some or all of your prior employers may be contacted.</p>	<p>I Do Do Not (circle one) give Camp CaPella permission to contact my current employer. Reason:</p>
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Please indicate which software programs you are familiar with and your level of proficiency (check all that apply: B=beginner, I=intermediate, A=advanced):

	B	I	A		B	I	A
Microsoft: Word				EstateWorks			
Microsoft: Outlook (incl. Calendar)				Registry sites (specify: _____)			
Microsoft: Excel				Time entry software (specify: _____)			
Microsoft: Access				Other:			
Microsoft: PowerPoint				Other:			
QuickBooks				Other:			
TSS				Other:			

Please explain any gaps in your work history:

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain:



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REFERENCES (Please list professional references only)

Name	Address	Phone Number	Relationship to Applicant	Number of Years Known

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully and understand this statement before signing.

I certify that the information I have provided in this application is correct, true and complete. I understand that false, incomplete or misrepresented information of any kind may result in rejection of my application or, if discovered after I am employed, may result in the termination of my employment.

I authorize Camp CaPella to conduct a background inquiry to verify that the statements and information I have provided on this application and/or contained in other documentation that I have provided. This inquiry, which may be conducted via any process permitted by law, may include, and may not be limited to, statements and information pertaining to education, both past and present employment, criminal convictions, references, and other matters. I hereby authorize all current and previous employers or other persons who have knowledge of me, or my records, to release such information to Camp CaPella. I hereby release all persons, schools, employers, and Camp CaPella from all claims or liabilities whatsoever that may arise from the disclosure of such information.

I understand that any employment will be on an at-will basis and that my employment may be terminated, with or without cause or notice, at any time, either at my option or at that of Camp CaPella. Neither this application, nor the employee handbook, nor any other document given to me is intended to create, nor should such documents be construed as creating, an express or implied contract of employment for a definite term. I understand that no Camp CaPella representative has the authority to alter my at-will status without the written approval of the Director of Administration.

I understand that this application will be considered active for 3 months from the date of receipt, and that after that date, unless I am otherwise notified, my status as an applicant will end. Should I wish to be considered for employment after that date I understand that I will need to complete a new application.

Signature: _____

Date Signed: _____