

DEER CREEK CAMPGROUND

Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address <i>Number</i>	Street	City
		State <i>Zip Code</i>
Telephone Number(s)	Social Security Number	
		— —

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes, give date _____

Have you ever been employed with us before? Yes No

If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of

Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any job-related training received in the United States military.

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number (s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Describe specialized training, apprenticeship, skills and extra-curricular activities

Employment Experience Continued

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? B. Has any license, permit or privilege ever been suspended or revoked? C. Have you ever been disqualified subject to section 391 of the Federal Motor Carrier Safety Regulation? D. Have you in the past two (2) years failed or refused a DOT-mandated Pre-employment test(s)? **IF THE ANSWER TO A, B, C OR D IS YES, ATTACH STATEMENT GIVING DETAILS.**

Yes No Yes No Yes
 No Yes No

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROXIMATE NUMBER OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
AUTO OR VAN				
BUS				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

WHAT EXPERIENCE HAVE YOU HAD WORKING WITH OR SUPERVISING CHILDREN? EXPLAIN.

HAVE YOU EVER DRIVEN A BUS?	IF YES, FOR WHAT COMPANY OR SCHOOL DISTRICT?	DATES	SALARY
<input type="checkbox"/> Yes <input type="checkbox"/> No			

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach additional sheet if more space is needed)

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

References

1. (Name)	Phone # ()
(Address)	
2. (Name)	Phone # ()
(Address)	
3. (Name)	Phone # ()
(Address)	

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 document 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) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE

FOR INTERVIEWER USE ONLY

Arrange Interview Yes No

Remarks _____

	INTERVIEWER _____	DATE _____
Employed	() Yes () No	Date of Initial Assignment _____
	By _____	_____
	NAME	DATE

NOTES _____

AUTHORIZATION AND RELEASE

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, criminal record, education, credentials, credit, and references. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I further understand that misrepresentations or omissions in my employment application may be cause for rejection or may be cause for subsequent dismissal if I am hired.

Medical and workers' compensation will only be requested in compliance with the Federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to you or your agents. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

SIGNATURE

DATE