

General Latham Springs Application*(not Summer Staff application)*

APPLYING FOR: (Please check box)

- CUSTODIAL STAFF KITCHEN STAFF
 OFFICE STAFF MAINTENANCE
 VOLUNTEER FULL/PART-TIME OTHER



PERSONAL INFORMATION		Email Address		DATE
Last Name	First	Middle Initial	Age & DOB:	Gender:
Home Address	City / State / Zip		Home Phone:	Cell Phone:
Current Church Membership		Pastor:	Church Phone:	
Church Activities / Ministries that you are involved with				
Do you have any special certifications or licenses?		Expiration		

Driver's License No.		Social Security No.		
Are you a citizen of the United States?		If not, are you authorized to work in the U.S.?		
<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no		
Have you ever worked for this company?		If so, when?		
<input type="checkbox"/> yes <input type="checkbox"/> no				
Have you ever been convicted of a felony?		If yes, explain		
<input type="checkbox"/> yes <input type="checkbox"/> no				

EDUCATIONAL BACKGROUND				
High School		Address		
From	To	Did you graduate?	<input type="checkbox"/> yes <input type="checkbox"/> no	Degree
Educational Opportunities / Extracurricular Activities, etc.				

College		Address		
From	To	Did you graduate?	<input type="checkbox"/> yes <input type="checkbox"/> no	Degree
Educational Opportunities / Extracurricular Activities, etc.				

Other		Address		
From	To	Did you graduate?	<input type="checkbox"/> yes <input type="checkbox"/> no	Degree
Educational Opportunities / Extracurricular Activities, etc.				

PREVIOUS EMPLOYMENT

Company Address Phone Number ()

Job Title Supervisor

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? yes no If no, please give reason.

Company Address Phone Number ()

Job Title Supervisor

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? yes no If no, please give reason.

Company Address Phone Number ()

Job Title Supervisor

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? yes no If no, please give reason.

GENERAL INFORMATION

Please briefly give a summary of testimony of your faith in the Lord Jesus Christ.

Do you have or have had any level of physical limitations? (loss of hearing, diabetes, asthma, epilepsy, back trouble, etc.?) <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:		
Do you consider yourself allergic to anything? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:		Are you allergic to any medications? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you currently taking any kind of medications (prescribed or other)? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:		
Have you had any serious injuries or illnesses in the past that we need to be made aware of? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain:		
Do you have health insurance? <input type="checkbox"/> yes <input type="checkbox"/> no	Company	Policy Number
In case of emergency, please notify:		
1) Name	Relationship	Phone
Address	City/State	Zip
2) Name	Relationship	Phone
Address	City/State	Zip

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of discharge	
If other than honorable, explain:		

REFERENCES		
<i>References must be people who have known you for <u>at least 3 years.</u></i>		
Full Name	Relationship to you	Years known?
Company	Phone:	
Address	City / State / Zip	
Full Name	Relationship to you	Years known?
Company	Phone:	
Address	City / State / Zip	
Full Name	Relationship to you	Years known?
Company	Phone:	
Address	City / State / Zip	

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand and authorize an investigation into my background through employment and personal references, and a criminal background check through the State and/or Federal Bureau of Investigation. This application is considered active for a period of time not to exceed one (1) year. 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 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 the 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 immediate discharge. I understand, also, that I am required to abide by all employment policies, rules, and regulations of this employer. If hired, I willingly submit to the authority of Latham Spring Camp & Retreat Center, and at all times will abide by all rules, and regulations set in place by the supervising authority.

Signature Date

Signature of parent/guardian (if applicant is a minor) Date

Please return this application signed and completed (unsigned or unfinished applications will not be processed) to
Latham Springs Camp & Retreat Center, 134 PR 223, Aquilla, Texas 76622