

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates Employed	/	to	/
Address	City	ST	Zip Code	STARTING WAGE	
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per _____ Other \$ _____
Starting Job Title/Ending Job Title				ENDING WAGE	
				<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary \$ _____ per _____ Other \$ _____
Immediate Supervisor and Title (for most recent position held)	Supervisor Phone ()	May we contact for reference?			
Why did you leave?					
Summarize the type of work performed and job responsibilities.					

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Summarize the type of work performed and job responsibilities.					

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

REFERENCES

List below the names of three persons not related to you, whom you have known at least one year. Applicants are advised that Camp Catch-Up intends to contact any or all references listed on this application. Please make sure that correct information is given.

Name	Occupation	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Additional Information

Do you have any dietary needs?..... Yes No

If so, please explain and include any other health concerns we should be aware of,

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that due to the nature of the job, I will need to provide information and give my signed consent for Camp Catch-Up to conduct necessary background checks, upon further consideration of my employment.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

APPLICATION DEADLINE IS APRIL 1ST, 2008.

Camp Catch-Up 2008 will be held at Covenant Cedars Bible Camp in central Nebraska.

www.cedars.org

RELEASE OF INFORMATION

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations, which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

Nebraska Children and Families Foundation

(Agency/Facility Requesting Check)

(Address – Street, City)

(Signature of Applicant/Employee)

(Date Signed)

(Printed or Typed Name of Applicant/Employee)

(Social Security Number)

Other Names Used in Past Twenty (20) Years
(Please Print or Type)
(Use back of sheet if necessary)

Other Addresses in Past Twenty (20) Years
(Please Print or Type)
(Use back of sheet if necessary)

Names of Children Who Have Lived With You
(Please Print or Type)
(Use back of sheet if necessary)

(Date of Applicant's Birth)

(Home Address of Applicant /City/Zip)

(Witness Signature)

(Date Witnessed)