Application for Employment



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Position Applying For	*	<u></u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Last Name*	st Name* First Name*				Middle	Middle Name*			Social Security Number*			
Street Address*					.L	<u></u>		I				
				State*		Zip Code	······································	P	hone Number			
City*				State		_p						
Emergency Contact La	st Name		Emerger	ncy Contact Fi	rst Name	-		6	mergency Contact I	Phone Number		
Type of Driver's License			Driver's License Class				Driver's License Operator Number					
O Operator	O Comme	ercial Operator							······			
			•									
Education and	Training							Other Na	me(s) (please specify	νλ		
High School Name(s)			College Nan	ne(s)				Outerina	inclay datease about	,,		
Degree	. Grad	uated?	Degree		······································	Graduated?	·····	Degree		Graduated?	_	
	0	yes Ono				O yes	O no	1		O yes	Ono	
Last Year Completed			Last Year Co	mpleted O 2	03	3 04		Last Year O1	Completed O 2	03 04	3 04	
O1 O2 Additional Skills	03	04	01	<u> </u>	<u> </u>				<u> </u>			
		,										
Professional Certification	ns and/or Technic	al Designations										
	······································				**************************************		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				***************************************	
Employment H	listory (plea:	se complete the infor	mation requ	ested belo	w for you	ur last three en	nployers, sta	arting with	the present or n	most recent compa	ny)	
Employer Name		<u> </u>				i h	fire Date		End (Date		
			*		***************************************		upervisor Firs	t Name	Supe	rvisor Last Name		
Address								••••				
City			Stat	e	Zip	J	ob Title		Salary	у .		
I-b Description			<u>_</u>	***************************************		F	leason for Leav	ving	L	·		
Job Description												
Employer Name							lire Date		End C	Date		
Address	,				Supervisor First Name		Super	Supervisor Last Name				
City .	• ·		Stat	e	Zip		ob Title		Salary	y		
			<u> </u>		<u></u>							
Job Description						# H	leason for Leav	ving			•	
Employer Name						1	lire Date		End D	Date		
Address		······································				S	upervisor First	Name	· Super	rvisor Last Name		
City			Stat	e	Zip	<u> </u>	ob Title		Salary			
			<u> </u>	,	<u>l</u>		langon faul car	uina	<u> </u>			
Job Description						F .	leason for Leav	vaig				

Application for Employment (continued)

ofessional References

.eference 1 Last Name	Reference 1 First Name Reference 2		Reference 2 Last Name	Reference 2 Fi	rst Name ·	Reference 3 Last Name	Reference 3 First Name	
Phone Number .			Phone Number		Phone Number			
Company		·	Company		Company			
Job Title			Job Title			Job Title		
Address			Address			Address		
City	State	Zip	City .	State	Zip	City	State Zip	

Other Information

1.	Are you currently authorized to w	O yes	O no			
2.	Have you previously been emp	O yes	O no			
. ~.	If yes, when?					
3.	Will you abide by the safety rules	O yes	O no			
4.	Have you since the age of 18, ever	O yes	O no			

- Required Information
- † A no answer will not necessarily disqualify you from consideration.
- 4 A conviction will not necessarily bar you from employment but will only be considered in relation to specific job requirements. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

If hired, federal law requires that you furnish documentation showing your identity and that you are legally authorized to work in the United States.

Equal Opportunity Employer

Camp Sionito (hereafter the Company) is an equal opportunity employer and does not discriminate in recruitment, hiring, training, promotion or other employment policies on the basis of age, race, sex, color, religion, national origin, physical or mental handicap, veteran status, or any other basis that is prohibited by federal, state, or local law. No question in this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

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Signature * Date*

*Required information

