

REFERENCES

Please List three people. At least TWO work references who can make a statement regarding your work ethic and sense of responsibility, and ONE character reference (e.g. Ministers, teachers and coaches) who knows you for an extended period of time. **DO NOT include relatives or friends.** Give their complete mailing address, phone number and email address if applicable as they will be checked.

Reference 1:

Name _____ Home Phone _____ Work phone _____
 Street _____ City _____ State _____ Zip _____ Email _____
 Position _____ Relationship to applicant (e.g. Supervisor/ Employer) _____

Reference 2:

Name _____ Home Phone _____ Work Phone _____
 Street _____ City _____ State _____ Zip _____ Email _____
 Position _____ Relationship to applicant (e.g. Supervisor/ Employer) _____

Reference 3:

Name _____ Home Phone _____ Work Phone _____
 Street _____ City _____ State _____ Zip _____ Email _____
 Position _____ Relationship to applicant (e.g. Supervisor/ Minister) _____

PAST EMPLOYMENT

EXTREMELY IMPORTANT

FILL IN ALL BLANKS

Dates	Employer	Address/Phone	Nature of Work	Supervisor	Reason for Leaving

Indicate any employer you do not wish us to contact and why: _____

Some of the following questions may seem offensive or private. However, the children are critically important. You will be their role model and have a direct influence over their lives. Therefore, we feel these are necessary questions.

Do you have any tattoos? Describe _____

Are you willing to keep them hidden from the customers while you are staying in our camp community? _____

Do you have any body/nose/ear/etc. piercing? Describe _____

Are you willing to take them out and keep them hidden from the customers, only wearing them on your time off? _____

Do you use tobacco? _____ Do you use alcoholic beverages? _____

Have you ever been convicted of a crime? What? _____

Have you ever been addicted to or treated for chemical dependence? Which and when? _____

If asked to take a drug test, would you be willing to do so upon initial arrival _____ or if you were suspected by the administration for any reason during your employment here? _____

Condition of general health? _____ Any special conditions, problems or limitations, including physical or mental impairment which might interfere with your ability to perform the job for which you are applying? Describe _____

Are you under a doctor's treatment? Describe _____

Are you under any medication? Describe _____

TRAFFIC INFORMATION

Drivers License Yes No If Yes in which country/state? _____ CDL License Yes No

ACCIDENT REPORT FOR PAST 3 YEARS OR MORE

Dates	Nature of accident (head-on, rear-end, upset, etc)	Fatalities	Injuries
Last accident			
Next previous			
Next previous			

(Attach sheet if more space is needed)

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes_____ No_____
- B. Has any license, permit or privilege ever been suspended or revoked? Yes_____ No_____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

SKILLS

Please mark with a GK (general knowledge), GE (general experience), or indicate number of years having paid experience.

- _____ Motor vehicle body repair
- _____ Motor vehicle mechanical repair
- _____ Small engine mechanical repair
- _____ Boat hull repair
- _____ Marine engine repair
- _____ 12 Volt electrical repair
- _____ small engine equipment operation I.E. mowers, weed eaters, pressure washers
- _____ chainsaw operation
- _____ chainsaw maintenance
- _____ Tractor operation
- _____ Tractor maintenance

- _____ Diesel engine operation
- _____ Fuel storage and delivery systems
- _____ Winterization Process for engines
- _____ Winterization process for buildings
- _____ Landscaping
- _____ Excavation
- _____ Foundation construction and installation
- _____ General carpentry
- _____ finish carpentry
- _____ Prep for and application of paints, stains, etc...
- _____ 120 Volt Electrical systems
- _____ 120 Volt trouble shooting
- _____ Refrigeration Equipment and Repair
- _____ Commercial Appliance Prep and repair
- _____ Faucet repair/installation
- _____ Fresh (tap) water supply systems
- _____ waste water piping and equipment
- _____ Waste water disposal systems

List your three top skills you are capable of and willing to do. Describe in detail all personal and work experiences you have had in connection with these skills.

Skill 1: _____

Skill 2: _____

Skill 3: _____

To the best of my knowledge, I have answered all questions honestly and give my permission for my references to be checked

Signature of Applicant _____ Date _____