Wonder Valley Christian Camp

7093 W Wonder Valley Rd Salem, IN 47167

Phone: (812) 883-4964 Fax: (812) 883-7022 info@wondervalleycamp.com

Date		
Position Applying For		
Please complete all sections. If you need more		
Please be sure to attach any additi	onal sheets directly to	this application.
PERSONAL - Applicant Information		
Name		
Last Fin		Middle
Address		
City	State	ZIP
Home Telephone	Cell Phone	
E-mail address	Date	of Birth//
Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you from employment.)		YesNoNonease explain on the back)
Do you have the legal right to work in the Unit (Employment is contingent upon satisfactory proof of all		
PERSONAL - Skills		
Please list skills you have related to the job you	are applying for: _	
Please list other skills and qualifications such a	s lifeguard certifica	tion, etc:
Please list other skills and qualifications such a	s lifeguard certifica	tion, etc:
Please list other skills and qualifications such a	s lifeguard certifica	tion, etc:
Please list other skills and qualifications such a		

PERSONAL - Employment Information

Please complete even if you are attaching your resumé.

Dates Employed: From	To	Job Title	
Employer		Telephone	
Address			
		Salary	
Responsibilities			
Dates Employed: From	То	Job Title	
		Telephone	
Address			
		Salary	
Responsibilities			
Reason for leaving			
Dates Employed: From	To	Job Title	
Employer			
Address			
		Salary	
Responsibilities			
_			
Reason for leaving			

PERSONAL - Education/References

]	High School		College/University				Graduate/Professional					
School Name, City & State													
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4	
Diploma/Degree													
Study													
Please describe any specialized training, apprenticeships, skills, honors and extracurricul activities.	ar												
How much time are you required to notify your present employer should you desire to make a change?													
What salary range mig	tht you e	xpect	? (Dc	not re	ply "nego	otiab	ole.")					
List four references we others of your choosi		ontac	rt. <u>Pl</u>	ease in	clude or	<u>ie sp</u>	<u>irit</u>	ual, one	<u>profess</u>	<u>ion</u>	al, a	nd two	
Name					Name	;							
Address					Addre	ess							
City	St	Zip			City				St		Zip		
Home Phone	Work Phone	e			Home	Phone	e		Work P	hone			
Email					Email	[
Reference's connection to the app Type of reference (listed above).	licant &				Refere Type	ence's of refe	conne	ction to the a (listed above	pplicant &				
				<u> </u>									
Name					Name	;							
Address					Addre	ess							
City	St	Zip			City				St		Zip		
Home Phone	Work Phone	e			Home	Phone	e		Work P	hone			
Email				\neg	Email	l							
Reference's connection to the app Type of reference (listed above).	licant &							ection to the a (listed above					

PERSONAL - Christian Experience Have you been baptized by Immersion? _____ If so, when? ____ How long have you been a Christian? Briefly describe how you became a Christian. Briefly describe your previous church background and activities in which you were involved. What is your present involvement in church?_____ Have you read and signed the Wonder Valley Christian Assembly, Inc. Statement of Faith __ Yes thereby agreeing to abide by it? I hereby certify that the information contained in this application and any attachments is true to the best of my knowledge and agree to have any of the statements checked by Wonder Valley Christian Assembly, Inc. unless I have indicated to the contrary. I authorize the references listed above to provide Wonder Valley Christian Assembly, Inc. any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties from all liability for any damage that may result from use of such information by Wonder Valley Christian Assembly, Inc.. I understand that any misrepresentation, falsification or material omission of information may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. Applicant's signature______Date____

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> Phone: (812) 883-4964 Fax: (812) 883-7022 wondervalley@juno.com

Pre-Employment Inquiry Release

*Date of Birth is being requested in order to obtain accurate retrieval of records.

In connection with, and duration of my employment (included contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agenc information:	cy contacted by this emplo	yer to furnish the above-mentioned
Print full name:		
Social Security Number://	_ Date of birth:*	/
Current Address:		
City:	_ State:	_ Zip:
Driver's License Number:		_ State:
Applicant's Signature:		_ Date:
Prospective Employer: Wonder Valley Christ	tian Assembly, Inc.	