

Employment History

List all work experience beginning with your **current or most recent position**.

Company Name _____ Employed from _____ to _____
Address(Street, Address City, State, Zip) _____
Name & Title of Immediate Supervisor _____ Telephone _____
Your Title _____ Reason for leaving _____
Description of Responsibilities _____

Company Name _____ Employed from _____ to _____
Address(Street, Address City, State, Zip) _____
Name & Title of Immediate Supervisor _____ Telephone _____
Your Title _____ Reason for leaving _____
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Address(Street, Address City, State, Zip) _____
Name & Title of Immediate Supervisor _____ Telephone _____
Your Title _____ Reason for leaving _____
Description of Responsibilities _____

May we contact the employers listed above? If not, indicate the one(s) you do not wish us to contact.

Company #1	Yes	No	Company #3	Yes	No	Company #5	Yes	No
Company #2	Yes	No	Company #4	Yes	No	Company #6	Yes	No

Certifications: Please list certifications you currently hold or will hold by the start of employment. i.e. EMT, WFR, Basic First Aid, CPR, Lifeguard, Hunter Safety Instructor, Range Safety Officer, Archery, and Ropes Course, etc.

Certification	Exp. Date	Certification	Exp. Date	Certification	Exp. Date

Personal References

List three individuals able to give character references. You should include former employers or school administrators, but not your relatives. A reference form has been included with this application to make copies of. They may be returned separately by the individuals filling them out, but must be received by the Bryant Pond 4-H Camp in order to process this application.

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

Name _____ Work Phone _____ Home Phone _____

Address (Street, City, State, Zip) _____

Occupation _____ Relationship to Applicant _____

In compliance with Federal and State equal employment opportunity law, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the vents of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature: _____ Date: _____

YOU ARE WELCOME TO ATTACH A RESUME OR OTHER INFORMATION IF YOU FEEL IT WILL GIVE US FURTHER INSIGHT INTO YOUR QUALIFICATIONS.

PLEASE MAKE COPIES OF THE INCLUDED REFERENCE FORM