



companion camp

Application for Employment

Please complete the following form and return it to Companion Camp through one of the following:

- Mail to 3408 Castle Rock Farm Rd, Pittsboro, NC 27312
- Email to info@companioncamp.net
- Fax to (919) 542-6892

Date: _____ / _____ / _____

NAME & CONTACT INFORMATION

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

How long have you lived at your current address? _____

Telephone: _____ Email: _____

Social Security #: _____ Are you over 18 years of age? yes no

Are you a US Citizen? yes no If no, do you have a valid work visa? yes no

Are you a full-time student? yes no If so, at what institution? _____

POSITION & AVAILABILITY

Days/hours available to work

(check box next to available day and write in available hours)

MON _____

TUES _____

WED _____

THURS _____

FRI _____

SAT _____

SUN _____

Available Start Date

_____ / _____ / _____

Hours available per week: _____

Hours of day available: _____

Comments

EDUCATION & TRAINING HISTORY

High School: _____ Year Graduated: _____

College & Degree: _____ Year Graduated: _____

Professional School: _____ Year Graduated: _____

Have you ever been convicted of a crime? yes no

If yes, explain number of convictions, nature of offenses leading to convictions, how recently such offenses were committed, sentences imposed, and types of rehabilitation.

DRIVING RECORD

Do you have a driver's license? yes no

What is your means of transportation to work? _____

Driver's license number: _____ State of issue: _____ Expiration date: _____

COMMENTS

Use this space to add any additional information necessary to describe your qualifications for the position. Please list any specific skills you would like to mention, such as experience with animals, etc...

REFERENCES

Please list two references **other than** relatives:

Name: _____ Company: _____

Address: _____

Contact Telephone: _____ Contact Email: _____

Name: _____ Company: _____

Address: _____

Contact Telephone: _____ Contact Email: _____

MILITARY

Have you ever served in the Armed Forces? yes no _____

WORK EXPERIENCE

Please list your work experience for the past 5 years beginning with your most recent job held. If you were self-employed, give firm name.

Present or most recent employer: _____ Job title/position: _____

Address: _____

Employment dates From: _____ To: _____

Supervisor name: _____ Telephone: _____ Email: _____

Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? yes no _____