

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 <a href="mailto:info@companioncamp.net">info@companioncamp.net</a>
- Fax to (919) 542-6892

Date: / /		
NAME & CONTACT INFORMATION	ON	
First:	Middle:	Last:
Address:		
City:	<u>State:</u>	Zip:
How long have you lived at your		
Telephone:		
Social Security #:		you over 18 years of age? yes no
Are you a US Citizen? yes		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 wor	k	Available Start Date
(check box next to available of	day and write in	
available hours)		
MON		
		Hours available per week:
TUES		
_		Hours of day available:
WED		
		Comments
THURS		
FRI		
SAT		
∏sun		

## **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 offe	enses leading to convictions, how recently such offense	<u>S</u>
were committed, sentences imposed, and types of	rehabilitation.	_
DRIVING RECORD		
Do you have a driver's license?	es   no	
What is your means of transportation to work?		_
Driver's license number:	State of issue: Expiration date:	—
COMMENTS		
COMMENTS		
Use this snace to add any additional information ne	ecessary to describe your qualifications for the position.	
Please list any specific skills you would like to ment	· · · · · · · · · · · · · · · · · · ·	•
riease list any specific skills you would like to ment	ion, such as experience with animals, etc	
REFERENCES		
REI EREIGES		
Please list two references <b>other than</b> relatives:		
ricase list two references officer than relatives.		
Name:	Company:	
Address:	company.	
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. Job title/position: Present or most recent employer: Address: Employment dates From: To: Telephone: Email: Supervisor name: 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