



Camp Echoing Hills

36272 CR 79 Warsaw, Ohio 43844

Phone: 740.327.2311 Fax: 740.327.2333

AN EQUAL OPPORTUNITY EMPLOYER

Employment Application (Non-BFOQ): Applicant Information

Full Name: Last First M.I. Date:
Address: Street Address Apartment/Unit #
City State ZIP Code
Phone: () E-mail Address:
Dates Available to work at camp: Social Security Number:

Position Applied for:

Are there any Days or Weeks that you cannot work? Yes No If Yes, please explain:

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide the required documentation establishing your identity and eligibility to be legally employed? Yes No

Have you ever worked under a different name? Yes No If yes, what name?

Have you ever worked for this Camp or this company? Yes No If so, when?

Are you 18 or older? Yes No If no, can you provide proof of eligibility to work? (Work Permit) Yes No

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? Yes No
A conviction will not necessarily disqualify you from the job applied for. Factors such as Health Care Regulations, relationship to job applied for, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.

If convicted, of what offense and in what year?

Can you perform the essential functions of the job in which you are applying with or without accommodations? Yes No
If no, what can we do to help you perform the essential functions of the job?

Education

High School: Address:
Years Attended: Did you graduate? Yes No Degree:
College: Address:
Years Attended: Did you graduate? Yes No Degree:
Other: Address:
Years Attended: Did you graduate? Yes No Degree:

Are you presently employed? Yes No If yes, may we contact your current employer? Yes No

Previous Employment: Start with current/most recent employer and include all employment. Attach additional sheets if necessary

Employer: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Have you ever been discharged from any employment or asked to resign? Yes No

If Yes, please provide company name and explain: _____

Military Service

Branch: _____ Number of Years Served: _____

List any special training or skills: _____

Additional Information

SPECIAL TRAINING, CERTIFICATIONS, SKILLS, KNOWLEDGE, ETC.:

First Aide: _____ Expiration Date: _____ Adult/Child CPR: _____ Expiration Date: _____

Lifeguard Certification: _____ Expiration Date: _____ Other Certification/Training: _____

COMPUTER SKILLS: WORD: Yes No EXCEL: Yes No INTERNET: Yes No

OTHER SOFTWARE SKILLS: _____

PROFESSIONAL LICENSES HELD:

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with Camp Echoing Hills

Give a brief summary of why you might wish to work at Camp Echoing Hills including a careful explanation as to why you wish to work with persons with disabilities. Please include what contribution you feel you can make to the life of individuals with disabilities:

References

Please list three references other than former employers or relatives.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Disclaimer and Signature

I certify that my answers are true, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of fact on this application or any other accompanying or required documents will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

If hired, I agree to abide by all of the company policies and procedures and understand that, if employed, my employment may be terminated "with or without cause" and "with or without notice" at any time at the option of either the company or me. I further understand that no representation, whether written or oral, by any representative or agent of the company, at any time, can constitute a contract of employment. I understand that the company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits, or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in policy, procedure, benefit or condition of employment other than a document signed by the President/CEO or Executive Vice President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and been given the opportunity to ask questions and receive answers to my satisfaction and understanding regarding this application and statements above prior to signing.

I hereby authorize permission for Background Screening, Drug Screening, Medical Physical, Proof of Ohio Residency and TB test. Furthermore I authorize the investigation and confirmation of all statements and information supplied by me contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

Signature: _____

Date: _____

Echoing Hills Village, Inc. is an equal opportunity employer and does not discriminate against employees or otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap or veteran status.

Please complete Camp Echoing Hills Questionnaire Attachment, as it is considered part of the full application process.