

## 2024 Summer Staff Employment Application

|  | Position applying for:     |   |  |  |  |
|--|----------------------------|---|--|--|--|
| Name<br>First<br>Do you have a Higl<br>GED:                    | Middle Last                | Today's Date://   |  |  |  |
| Year Received:   | Information                | College Information College Name: Number of years attended:           |  |  |  |
| City:<br>Phone: ( )<br>Email:<br>Church:<br>Do you attend regu | State:Zip:                 | Address:State:Zip: Phone: ( ) Email: Church: Do you attend regularly: |  |  |  |
|  | Leadership:                | How long have you attended: Responsibilities—Leadership:              |  |  |  |
| Are you available t  | I camp here before:        |   |  |  |  |
| Certified in /   | Willing to be certified in |   |  |  |  |
|  |                            | Community First Aid (required for intern staff)                       |  |  |  |
|  |                            | CPR (required for intern staff)                                       |  |  |  |
|  |                            | Lifeguard   |  |  |  |
|  |                            | Ropes Course Facilitating (required for intern staff)                 |  |  |  |
|  |                            | Other (please name)   |  |  |  |

| Employer:  | Supervisor: _             |                     |                      |  |  |  |
|--|---------------------------|---------------------|----------------------|--|--|--|
| Phone: ( )   |                           | State:              |                      |  |  |  |
| Starting date://   | Ending date:              |                     |                      |  |  |  |
| Position:  |                           |                     |                      |  |  |  |
| Employer:  | Supervisor: _             |                     |                      |  |  |  |
| Phone: ( )   | City:                     | State:              | Zip:                 |  |  |  |
| Starting date:/  | Ending date:              |                     |                      |  |  |  |
| Position:  | May we conta              | ct this employer:   | :                    |  |  |  |
| References (please list your references before employment)                                   | s, and include at least 2 | letters of referenc | e which are required |  |  |  |
| Name Phone N   | lumber                    | Relation            | nship                |  |  |  |
| 1  |                           |                     |                      |  |  |  |
| 2  |                           |                     |                      |  |  |  |
| 3  |                           |                     |                      |  |  |  |
| Physical Record  Is there any reason you would not be a position for which you are applying? |                           | sential functions   | of the               |  |  |  |
| If accommodation is needed, please ex  |                           | page, and attach    |                      |  |  |  |
| Will your health insurance coverage be   | e in effect May throug    | h August?           |                      |  |  |  |
| Have you had a chemical dependence   | to alcohol and/or dru     | gs within the las   | t 2 years?           |  |  |  |
| If yes, please give details on a separate  | e page, and attach.       |                     |                      |  |  |  |
| Personal information   |                           |                     |                      |  |  |  |
| Have you ever been convicted of a mis-   | demeanor or felony o      | crime?              | _                    |  |  |  |
| If yes, did the conviction involve child r   | nolestation or abuse'     | ?                   |                      |  |  |  |
| If yes to either previous questions, plea  | ase list date of convic   | ction/_             |                      |  |  |  |
| Explain:   |                           |                     |                      |  |  |  |

Employment History (please list names and addresses of your last two employers.)

## **Applicant's Signature**

I understand that misrepresentations or omissions of facts on this application will be sufficient cause to not be employed or may result in my immediate dismissal should I become employed.

Should my application be accepted, I agree to be bound by the policies of Bridgeport Camp and Conference Center, including the Code of Conduct, and to refrain from inappropriate conduct in the performance of my services on behalf of the organization.

I further state that I HAVE CAREFULLY READ THE FOREGOING AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS OF MY OWN FREE WILL.

| Applicant's Signature |             | Date | '/   |  |
|-----------------------|-------------|------|------|--|
| -                     | <del></del> | 0.00 | <br> |  |



PO Box 215 Bridgeport, TX 76426

Phone: 940-683-2555 Fax: 940-683-3085