



Application for Employment

Camp Firewalker, LLC is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

REQUIREMENTS FOR STAFF: CPR certified, know how to belay and tie basic knots (Figure 8 on a bight, figure 8 follow thru, and a water knot on webbing).

Name (Last, First, Middle):	Email Address:
Street Address:	City, State & Zip:
Social Security Number:	Mobile Phone:

Are you eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, what is your current age?
Have you ever worked for this company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, when?
Have you ever been convicted of a felony, or any crime(s) against children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Explain Felony: (Use another sheet if necessary):
Are you related to any current (company employee)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:

Education

Name of School	City/State	Did you graduate?		If NO, # of years left to graduate	If YES, # date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Other:		<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying:							

SKILLS:

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WORK EXPERIENCE

PLEASE NOTE: Camp Firewalker reserves the right to contact all current and former employers for reference information.

Dates Employed (Most recent position) From: _____ To: _____		Title: _____	Reason for Leaving: _____
Company: _____			
Supervisor's Name, Title and Phone #: _____		Contact my current references:	
		<input type="checkbox"/> At any time	
		<input type="checkbox"/> Only if I am a finalist candidate	
Primary Duties: _____ _____ _____			

Dates Employed (Most recent position) From: _____ To: _____		Title: _____	Reason for Leaving: _____
Company: _____			
Supervisor's Name, Title and Phone #: _____		Contact my current references:	
		<input type="checkbox"/> At any time	
		<input type="checkbox"/> Only if I am a finalist candidate	
Primary Duties: _____ _____ _____			

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Camp Firewalker, LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Camp Firewalker, LLC serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off.

Applicant Signature: _____

Date: _____