



Rev. 01/18

# 2018 Camp Flintlock Employment Application

## General Information:

Full Name \_\_\_\_\_ Current Grade (if applicable) \_\_\_ Age \_\_\_  
 SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_  
 Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
 Other Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_ @ \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_  
 Doctor \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Year of Last Tetanus \_\_\_\_\_  
 Applying for:  Full-Time  Part-Time  Volunteer  Other: \_\_\_\_\_

Available to: Interview \_\_\_\_\_ Start Work \_\_\_\_\_ End Work \_\_\_\_\_

Have you ever been convicted of a felony?  No  Yes (Explain on separate sheet.)

\*\*\*For first time applicants: You **MUST** attach a written explanation of what you hope to offer and receive from CF. If applicable, please attach a resume.

## Education (If you are a student, include current school):

School	Dates	Major	Degrees

## Employment History (If any):

Employer	Dates	Job Title	Supervisor	Telephone

## Camp Experience (As a camper and/or counselor):

Camp	Dates	Involvement	Supervisor	Telephone

## References:

Name	Years Known	Relationship	Telephone

## Authorization & Notification:

I affirm that the information provided in this Employment Form is true and complete. I understand that any false information or omissions will be sufficient cause for dismissal without any obligation or liability to C.F. I agree to notify C.F. if I am convicted of a felony before or during my period of employment.

I understand that this application does not by itself create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment for services, be terminated at any time. I understand and agree that, if hired, I may be required to submit to a drug/alcohol test if C.F. determines it has a reasonable suspicion that you are under the influence of drugs and/or alcohol.

I authorize the investigation of all statements contained in this application. I also authorize that any person, school, current employer, past employer, physician or organizations who may know of my qualifications for employment to provide C.F. with relevant information and opinion that may be useful for a hiring decision. I release such person and organizations from any legal liability in making such statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax or Mail to:

### Camp Flintlock Inc.

1580 King Mill Road

Four Oaks NC, 27524

Email: nc@campflintlock.com

Telephone: (919) 938-1776

Fax: (919) 209-5279