



JOURNEY CAMP EMPLOYMENT APPLICATION

Please PRINT all information requested. This application will be used solely in connection for employment with Journey Camp and for no other purpose without your expressed written permission.

PERSONAL IDENTIFICATION:

Referred by: _____

Name: _____
Last First MI

Address: _____
Include Street, City, Zip Code

Phone # _____ Email: _____

Are you 18 years or over? _____ Age, if under 18: _____ Birth date: _____

EMPLOYMENT SOUGHT:

Position applied for: _____ Date available to begin work: _____

Applying for: ___ Part Time ___ Full Time Last date available to work: _____

Days available to work (Please Circle): **M T W TH F**

Are there weeks you will need off during the summer? If so, what dates?: _____

EDUCATION:

	Middle School	High School	College/ Trade
Years of Education Completed: (Circle One)	7 8	9 10 11 12	13 14 15 16 17

Name/Location of High School or College: _____

- Are you CPR/AED certified: (Please Circle) Y N (Certification expires: _____)

Please tell us about yourself and why you are interested in working at Journey Camp?

