

Camp of the Cross Ministries Garrison, ND 58540

Employment Application

		Арр	olicant l	Informa	ation			
Full Name:	ame:			Date:				
	Last	Firs	st			M.I.		
Address:								
	Street Address						Apartment/Ur	nit #
	City					State	ZIP Code	
Phone:				Email				
Date Availa	ole:	Social Securit	y No.:			Desire	ed Salary: \$	
Position App	olied for:							
	tizen of the United Stat	YES	NO				YE: work in the U.S.? □	S NO
YES NO Have you ever worked for this company? YES NO If yes, when?								
YES NO Have you ever been convicted of a felony?								
If yes, explain:								
Education								
High School: Address:								
From:	To:	Did you g	raduate?	YES	NO	Diploma:		
College:			Address	:				
From:		Did you g		YES	NO			
Other:			Address	:				
From:	To:	Did you g	raduate?	YES	NO	Degree:		
References								
Please list	three professional refe	erences.						
Full Name:						Relatio	onship:	

Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
	Previous E	mployme	ent		
Company:				Phone:	
Address:		Supervisor:			
Job Title:	Starting S	Ending Salary:\$			
	To:				
May we contact y	our previous supervisor for a reference?	YES	NO		
				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	alary: <u>\$</u>		Ending Salary: <u>\$</u>	
Responsibilities:					
From:	To:	Reason fo	or Leaving:		
May we contact y	our previous supervisor for a reference?	YES	NO		
_				Phone:	
				Supervisor:	
	Starting S				
Responsibilities:					
From:	To:	Reason fo	or Leaving:		
May we contact y	our previous supervisor for a reference?	YES	NO		

Disclaimer and Si	ignature		
I certify that my answers are true and complete to the best of n	ny knowledge.		
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.			
Signature:	Date:		