



CAMP OMEGA, INC.

22750 Lind Avenue

Waterville, Minnesota 56096-9320

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APPLICATION FOR EMPLOYMENT

COMPLETE, SIGN, AND RETURN TO ADDRESS ABOVE

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Best time to call _____

Male Female Social Security No. _____ Date of Birth ____/____/____

Driver's license No. _____ State _____ Type/Class _____

(Optional) Church Membership _____ City _____

(Optional) Denomination _____ Synod _____

Have you ever been a staff member at Camp Omega before? ____ If yes, when and in what position did you serve? _____

SKILLS (attached Resume if necessary)

Position applying for: _____

List all skills (equipment or personal) you have that may apply to the position that your are seeking: _____

CERTIFICATIONS – List type and expiration date of all CURRENT Certificates and Licenses in each category.

First Aid: _____ CPR: _____

Waterfront: _____ Food Service: _____

Other: _____

DESCRIBE WHY YOU DESIRE TO WORK AT CAMP OMEGA

EDUCATION

High School / College / Other	City/State	Year	Degree earned
_____	_____	_____	_____
_____	_____	_____	_____

Organizations or Clubs in which you are active _____

PAST EMPLOYMENT (List three most recent employers)

Employer	Address / City / State / Zip	Phone	Position	Dates
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Have you ever been convicted of a child abuse or sexual abuse offense? _____ If yes, explain: _____

Have you ever been convicted of a felony or misdemeanor? Yes No If yes attach summary details. Disclosure of a criminal record does not automatically disqualify you from employment consideration.

Do you give permission for a potential employer to do a complete background check? Yes No

REFERENCES: List names and addresses of 3 people (not relatives and not fellow students) who have knowledge of your character, experience, and ability. Please provide complete addresses and phone numbers.

Name	Address	Telephone (include area code)	Relationship to you
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICANT'S SIGNATURE: Your signature below verifies that you have completed this application form, that all information is true to the best of your knowledge, and you are herewith submitting it to Camp Omega on your behalf. If employed, any false statements on this form are grounds for immediate dismissal.

I give my permission to contact any previous employer and/or reference and/or school and I will hold harmless any such employer/reference/school for any information they release about me relative to my employment with Camp Omega.

Signed: _____ Date: _____