



CAMP COLTON

EMPLOYMENT APPLICATION

NAME: _____ DATE: _____

SSN: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE STATE/NUMBER: _____

PHONE #: _____ EMAIL: _____

ADDRESS: _____

POSITION APPLYING FOR: _____

WHAT DO YOU WISH TO GET OUT OF THIS WORK EXPERIENCE? (use reverse for more space)

RELATED WORK/EDUCATIONAL EXPERIENCE:

EMPLOYER/SCHOOL	SUPERVISOR/INSTRUCTOR	TIME PERIOD

WORK RELATED REFERENCES:

NAME & EMAIL	PHONE NUMBER

Can you lift 50 pounds? Yes No

Emergency Contact and Phone #: _____

Industry Certifications: _____

Consent to Background Check & Driving Record Check:

I hereby grant Camp Colton or its agent permission to obtain information regarding my criminal records and driving records. I further authorize Camp Colton or its agent to check the references I have listed on this application form, or have otherwise provided to Camp Colton, to obtain information from prior employers and educational institutions. I authorize Camp Colton to take any and all actions necessary to investigate and verify any information provided in my application for employment, and to obtain information relevant to evaluating my qualifications and fitness for this position. I authorize my listed references, past employers and educational institutions, and anyone else contacted by Camp Colton, to provide such information to Camp Colton as is necessary to evaluate my fitness for employment. I hereby release Camp Colton and all persons providing information to Camp Colton from any liability whatsoever for obtaining and providing that information, regardless of the results.

Signature of Applicant Date

Signature of Legal Guardian of Applicant Date
(if applicant is under 18)