



## *Camp Baldwin*

8749 Baptist Camp Road  
Elberta, AL 36530  
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### **Applicant Instructions:**

Thank you for your interest in employment with Camp Baldwin. This sheet is for your information. Please keep it for your reference.

Please complete the attached application and authorization for release of information form. Please print or type all information so it may be easily read. Be certain all forms are completely filled out and signed. Incomplete applications will not be considered. Use the abbreviation "N/A" if a particular item or section in the form is not applicable to you.

Your application will remain in our active files for one year. If you are among the most qualified applicants for the position, an interview will be arranged.

Employment decisions are made on the basis of qualifications to perform the work for which you are applying. Qualifications include education, training and work experience. Credentials and experience will be verified through schools, former employers, and references. In addition you must be in agreement with the Camp Baldwin Statement of Faith and Purpose.

All employees of Camp Baldwin will have occasion to come in contact with minor children. We will not tolerate child abuse or sexual abuse of any kind. Any such action, real or alleged, will be reported to the proper authorities for investigation. You must be agreeable to a criminal sexual background check.

Employment at Camp Baldwin is for an indefinite period of time and is subject to change in wages, conditions, benefits, operating policies, and job description.

# *Camp Baldwin*

## Application for Employment

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain in remarks section.

### EDUCATION

	Name	Years Completed	Did you graduate?
High School			
College			
College			
Graduate School			
Vocational School			

U.S. Veteran or Reserves? \_\_\_\_\_ Dates of Service \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ If no what is your age? \_\_\_\_\_

Professional Licenses and/or Certificates \_\_\_\_\_

### EMPLOYMENT DESIRED

Position for which you are applying: \_\_\_\_\_

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Why do you want to work for Camp Baldwin? \_\_\_\_\_

Would you be willing to work on an "as needed/on call" basis? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your salary expectations? \_\_\_\_\_

Do you have responsibilities that would limit your availability to work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT RECORD**

Are you currently employed? \_\_\_\_\_ We routinely contact an applicant's current employer for reference checks.

Would this pose any particular difficulty for you? \_\_\_\_\_ If yes, please explain in the remark section of this form.

**LIST PREVIOUS EMPLOYMENT INFORMATION:**

**Current or Last Employer:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position/Duties \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Next Previous Employer:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position/Duties \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**REFERENCES:**

Name	Address	Phone	Years known

**REMARKS:**

\_\_\_\_\_  
\_\_\_\_\_

# Camp Baldwin

## Release of Employment Records and Information

I, \_\_\_\_\_, hereby authorize Camp Baldwin or those authorized by them, to investigate all facts contained in my application for employment with said facility, and authorize the release of any and all information by my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information. A copy of this release shall be valid as the original.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Applicants Signature \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Witness Signature \_\_\_\_\_

Printed Name of Witness \_\_\_\_\_

If you have a *FaceBook* account, would you be willing to add Mitch Nelson, our Assistant Director, as a friend?

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