

Southern Illinois Christian Service Camp
PO Box 69 West Frankfort, IL 62896 618.937.1939

CONFIDENTIAL APPLICATION FOR SUMMER EMPLOYMENT

Name _____ Maiden/Other _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____ Sex: M F

Permanent Phone _____ School or Business Phone _____

Position Desired _____ Are you legally eligible for Employment in the US? Yes No

Education (Begin with High School attended)

Years	School	Major Subjects	Degree Granted

Past Employment (Provide a full record of all employment and explain any gaps in employment. Use a separate sheet. If necessary.)

Dates	Employer	Address and Phone	Nature of Work	Supervisor	Reason for Leaving

References (Give names/addresses of 3 persons [not relative] having knowledge of your character, experience, and ability.)

Name	Address, City, State, Zip	Phone

Are You An Immersed Believer in Christ? Yes No Member of What Church? _____

I will be able to start work on _____. I also understand my work will be completed on August 1. If necessary, I will arrange for days off in **ADVANCE**. I also understand that this application is only the first step in applying for a summer job and that I will be notified of further details.

Signature _____ Date _____

BACKGROUND CHECK AUTHORIZATION

Personal Background

1. When working in your ministry of interest, are there any medical conditions that would prevent you from performing certain types of activities? Yes No If yes, please explain: _____
2. Have you ever been accused and/or convicted of domestic violence, pornography, child abuse, molestation, or any other sexual or assaultive crime related to persons? Yes No
3. Have you ever been counseled for any of the situations described in number two (2) above? Yes No
4. Would you like a staff member to call you to discuss your answers regarding the above questions? Yes No

Applicant's Statement

The information contained in this application is correct to the best of my knowledge. I, the undersigned, give my authorization to Southern Illinois Christian Service Camp or its representatives to release this information to the agencies required to obtain a complete background check.

The camp may also contact my references. I authorize any references listed to give you any information they may have regarding my character and fitness for work within the camp. I release all such references from liability from any damage that may result from such evaluations to you and I waive any right to inspect these references.

I authorize Southern Illinois Christian Service Camp to perform a criminal records check now and as needed in the future to update my records for arrest, convictions, or other information the County Department of Corrections, the State Justice Cabinet, and any other local, state, or federal criminal enforcement agency may have regarding me and release such information to Southern Illinois Christian Service Camp.

I release Southern Illinois Christian Service Camp and the above mentioned agencies from any liability or damages resulting from the release of this information to Southern Illinois Christian Service Camp. I waive any present or future claims of privacy resulting from the release of this information for qualifications of work at Southern Illinois Christian Service Camp.

Signature: _____

Date: _____

Printed Name: _____

Please return this form to:

**Southern Illinois Christian Service Camp
PO Box 69
West Frankfort, Illinois 62896**