## Camp Fire Walla Walla Application for Employment



Position(s) desired:						
How	did you l	earn of this open	ing?			
Naı	me:	Last name	First name	Middle	Other names	used
Ado	dress:	Number	Street	City	State	Zip code
	-	umber(s):				
2.	Are you at least 18 years of age?					
			olication with Camp Fire			□ No
4.	Have you	ı ever been emplo	yed by Camp Walla Wal	lla before?	Yes □ No	
5.	Are there	any days or time	ion(s) held:s s you will not be availab	le to work?	Yes	
		travel if your job	requires it?	□ No		
			either by blood or marri t necessarily result in you			Camp Fire Walla Walla?
	If yes, inc	dicate relative:			Relationship:	
		what offense? W	of a crime in the last seven then? Where? of for a criminal offense w	•		ment.)

**Equal Opportunity Employer** 

## **Education**

High School Name	Did you grad	uate?	Describe course of study
	Yes	No	, and the second
City, State			
Name	D'1 1	9	Describe course of study
rvame	Did you grad Yes	No	Describe course of study
City, State			
Un domano directo			
Undergraduate Name			Describe course of study
			Describe course of study
City, State			
Did you graduate?	Indicate type of degree		
Yes No	or # of credits completed		
Name			Describe course of study
City, State			
City, State			
Did you graduate?	Indicate type of degree		
Yes No	or # of credits completed		
Graduate Name			D " C . 1
Name			Describe course of study
City, State			
Did you graduate?	Indicate type of degree		
Yes No	or # of credits completed		
Business or Vocation	nal	·	
Name			Describe course of study
City, State			
<u> </u>			
Did you graduate?	Indicate type of degree	l	

## **Employment History**

(Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.)

1.	Employer		Employed (	Month/Year)	Job title:			
			From	То				
	City/State/Zip			Describe work:				
	Telephone Supervisor's name		Salary	y/Wage				
	( )		Starting	Ending				
	Reason for leaving							
2.	Employer			Month/Year)	Job title:			
			From	То				
	City/State/Zip			Describe work:				
	Telephone Supervisor's name		Salary/Wage					
	( )		Starting	Ending				
	Reason for leaving							
3.	Employer	Employed (	Month/Year)	Job title:				
			From	То				
	City/State/Zip				Describe work:			
	Telephone Supervisor's name		Salary/Wage					
	( )		Starting	Ending				
	Reason for leaving	1	2		·			
4.	Employer		Employed (	Month/Year)	Job title:			
			From	То				
	City/State/Zip				Describe work:			
	Telephone Supervisor's name		Salary/Wage					
	( )		Starting	Ending				
	Reason for leaving							
		(If you need additional space,	please contin	ue on a separa	te sheet of paper.)			
DI.				_				
Pie	ase account for any tin	ne that you were unemployed by	y stating the na	ture of your ac	tivities:			
Summarize any job-related skills and qualifications acquired from employment or other experiences:								

## Please read carefully before signing this application

I authorize Camp Fire Walla Walla to investigate all statements in this application and to secure any necessary information from all my employers, references and academic institutions. I hereby release all of those employers, references, academic institutions and Camp Fire Walla Walla from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Camp Fire Walla Walla.

I understand that my offer of employment is contingent upon receipt of satisfactory reports concerning my academic credentials, employment references and criminal history. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if Camp Fire Walla Walla has not employed me, and for immediate dismissal if Camp Fire Walla Walla has employed me.

I understand that nothing in this employment application, in Camp Fire Walla Walla policy statements or personnel policies, or in my communication with any Camp Fire Walla Walla officials is intended to create an employment contract with me. No promise regarding employment has been made to me, and I understand that no such promise or guarantee is binding upon Camp Fire Walla Walla unless it is made in writing and signed by the Council Executive Director.

In the event of my employment with Camp Fire Walla Walla, I will comply with all policies set forth in Camp Fire Walla Walla policy manual or other communications distributed by Camp Fire Walla Walla. I also understand that Camp Fire Walla Walla has the right to modify its policies without giving me any notice of the changes. I understand that if an employee relationship is established, employment with Camp Fire Walla Walla is not for any specific time and may be terminated at will with or without notice or cause by the company or the employee may resign at any time for any reason.

I understand the state of Washington requires any paid staff or volunteer working with children to have a criminal background check done by the Washington State Patrol.

I hereby acknowledge that I have read and understand the preceding statem	ent.
Signature of Applicant	Date