



EMPLOYMENT APPLICATION

Your interest in Cedar Springs Camp & Conference Center is appreciated. Cedar Camp & Conference Center ("Cedar Springs") is a religious non-profit organization. We invite you to complete the following application and return it as soon as possible. Cedar Springs does not discriminate against any person because of sex, race, color, national origin, age, or disability as required by federal law (to the extent applicable to Cedar Springs). As a religious non-profit organization, Cedar Springs may prefer employees on the basis of religion. This application will remain active for 90 days. You must renew this application after that time to be considered for a position.

PERSONAL INFORMATION

Full name: _____ Date: _____
(First) (Middle) (Last)

Other names ever used or known by: _____

Social Security Number: _____ Date of Birth: _____

Marital status (optional): Single Married Widow(er) Separated Divorced Remarried

Name of spouse (optional): _____

Ages of children, if any (optional): _____

Name and phone number of emergency contact: _____

Your current address: _____

Phone: (day) _____ (evening) _____

Email address: _____

Length of time at current address: _____

Please list any other persons residing at the above address and their relationship to you:

Please list your previous residences for the past ten years and with dates (attach a separate sheet if necessary):

Do you use tobacco? _____ Do you drink alcoholic beverages? _____

Do you have a current driver's license?

Yes _____ Please list your driver's license number _____

No _____ Please list alternative identification _____

Please explain "yes" answers to the following questions more fully on a separate piece of paper.

1. Are there any facts or circumstances involving you or your background that would call into question your involvement in an environment where children or youth may be present?

Yes _____ No _____ Answering yes will not necessarily bar you from employment.

2. Have you ever been held, detained, taken into custody, charged, arrested, indicted, fined, forfeited bond, cited, or convicted for a violation of any law, regulation, or ordinance?

Yes _____ No _____ Answering yes will not necessarily bar you from employment.

3. Are you currently under indictment, on probation, parole, or work release?

Yes _____ No _____ Answering yes will not necessarily bar you from employment.

4. Have you ever been investigated by the Department of Social and Health Services, including, but not limited to, Child Protective Services, or a similar department or agency in any other state or jurisdiction?

Yes _____ No _____ An investigation will not necessarily bar you from employment.

5. Have you ever had your driver's license suspended or revoked for any reason?

Yes _____ No _____ Answering yes will not necessarily bar you from employment.

6. Have you accepted Jesus Christ as your personal Savior?

Yes _____ No _____ Your voluntary answer will not necessarily bar you from employment.

POSITION DESIRED

Specific position for which you are applying: _____

Hours per week that you desire to work: _____

Days of the week you prefer to work: _____

Hours of the week you prefer to work: _____

Have you reviewed the job description for this position? Yes _____ No _____

Are you able to perform the essential functions set forth on the job description, with or without reasonable accommodation?

Yes _____ No _____

EDUCATION

High School: _____ gpa _____ Graduate: Yes No

Trade or Business School: _____ gpa _____ Graduate: Yes No

College: _____ Degree _____ Major: _____ gpa _____ Graduate: Yes No

College: _____ Degree _____ Major: _____ gpa _____ Graduate: Yes No

EMPLOYMENT HISTORY

List your previous employers over the last 10 years beginning with the most recent (use the back of this form if necessary):

Current (or Last) Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Date from _____ to _____ Starting Pay: _____ Ending Pay: _____

Supervisor's Name: _____

Position & Job Description: _____

Reason for leaving: _____

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Date from _____ to _____ Starting Pay: _____ Ending Pay: _____

Supervisor's Name: _____

Position & Job Description: _____

Reason for leaving: _____

Employer: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employment Date from: _____ to _____ Starting Pay: _____ Ending Pay: _____

Supervisor's Name: _____

Position & Job Description: _____

Reason for leaving: _____

ADDITIONAL EXPERIENCE

What organizations have you belonged to or offered your voluntary services for? Explain your role, give the name of the organization, the name of your supervisor, and the dates you were involved. (Use the back, if necessary). Please indicate for each organization the reason why you have discontinued your involvement (if you are no longer involved).

Please list any other experience and/or skills you have that you feel would be helpful for this position:

Please list the churches you have attended regularly within the last 10 years, if any. Please include the city, state and phone number of the church, the name of its pastor when you attended there, and the approximate dates you regularly attended.

If you mentioned a church above, what church activities were you involved in and with what degree of regularity?

Have you ever been asked to leave a church? Yes _____ No _____

If so, why? _____

REFERENCES

Please list four persons who are available for immediate contact and who can comment on your character, reputation and/or work experience. References cannot be related to you and cannot be living in your household. They may be friends, neighbors, or others with whom you have frequent personal and/or business relationships.

1. Name: _____ Known since: _____

Address: _____ City _____ State _____ Zip _____

Phone number (day) _____ (evening) _____

2. Name: _____ Known since: _____

Address: _____ City _____ State _____ Zip _____

Phone number (day) _____ (evening) _____

3. Name: _____ Known since: _____

Address: _____ City _____ State _____ Zip _____

Phone number (day) _____ (evening) _____

4. Name: _____ Known since: _____

Address: _____ City _____ State _____ Zip _____

Phone number (day) _____ (evening) _____

Please complete the attached Criminal History Information Supplement form.

**If offered employment, I understand that Cedar Springs may request
criminal background checks on me and copies of my driving record
(if I may operate a commercial vehicle on behalf of Cedar Springs)**

AGREEMENT

My answers on this Application are true and correct and complete. I understand that if I am employed by Cedar Springs, it will be at the will of both parties and that my employment can be terminated at any time, with or without cause. I understand and agree that no offer or promise of employment has been made.

I authorize Cedar Springs to request criminal background checks on me and copies of my driving record (if I may operate a commercial vehicle on behalf of Cedar Springs) upon an offer of employment and during the course of my employment.

I understand that Cedar Springs expects its employees to conduct their professional and personal lives in a manner that reflects Cedar Springs's evangelical Christian character. I understand that Cedar Springs expects its employees to refrain from behavior that conflicts with evangelical Christian standards including, but not limited to, immoral cohabitation; alcohol or substance abuse including drunkenness and illegal drug use; and inappropriate speech such as vulgar or sexually suggestive words, gossip, and insubordination. If I am employed by Cedar Springs, I agree to abide by these expectations.

I also have read and agree to the terms provided in the Release.

Signature

Date

Criminal History Information

Please complete this Criminal History Information. Cedar Springs may conduct a criminal history background check on you and request a copy of your driving record (if you may operate a commercial vehicle on behalf of Cedar Springs). Further dissemination of any records obtained is prohibited without your written permission. You will be notified of the results of the background check within 10 days of receipt and provided with a copy upon request.

Name: _____

Alias/Maiden Name: _____

Social Security Number: _____ Date of Birth: _____

1. Have you ever been convicted of any crime? Yes No

If yes, specify _____

For purposes of answering this question, conviction shall include any conviction in any jurisdiction, including convictions by way of trial, plea (guilty, "Alford", *nolo contendere*, or no contest even if they be later withdrawn), deferred prosecution, suspended sentence or stipulation. Conviction shall also include convictions that have subsequently been dismissed, expunged, vacated, reduced, mitigated, or otherwise stricken from official record. A conviction will not necessarily bar employment.

2. Have you ever had findings made against you in any civil adjudicative proceeding as defined in RCW 43.43.830?
Yes No

If yes, specify _____

RCW 43.43.830 (3) "Civil adjudicative proceeding" is a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW. "Civil adjudicative proceeding" also includes judicial or administrative orders that become final due to the failure of the alleged perpetrator to timely exercise a right afforded him or her to administratively challenge findings made by the department of social and health services or the department of health under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW.

I declare, under penalty of perjury under the laws of the State of Washington, that the statements above are true and correct. I authorize Cedar Springs Camp & Conference Center to conduct a criminal background check on me and to obtain a copy of my driving record.

Signed this ____ day of _____, (year) _____, at _____

Applicant's

Signature: _____

Release

(INCLUDING AUTHORIZATION OF RELEASE OF INFORMATION, AND DEFENSE, INDEMNIFICATION AND HOLD HARMLESS OBLIGATIONS BY APPLICANT)

I, _____, have applied for employment at Cedar Springs Camp & Conference Center.

I authorize Cedar Springs, in its efforts to process my application and to check my background and contact references, to provide a copy of this release to any person or entity, and authorize Cedar Springs and other parties to treat a facsimile copy of this release as if it were the signed original.

I authorize Cedar Springs to contact any person or entity to obtain information about me, including the employers, organizations, supervisors, governmental agencies and references that I list in my application and others identified by Cedar Springs. Without limiting the foregoing, I understand and agree that this release allows the Department of Social and Health Services, including Child Protective Services, to release information concerning me.

I hereby request, consent to, and authorize any current or former employer, person, firm, corporation, organization, education or vocational institution, or government agency to provide Cedar Springs with information they have regarding me, including the release of information concerning my performance, qualifications, personal and work history, dates of employment, dates of volunteer service, job titles, reasons for leaving, salary, and opinions about me. The released information may be in the form of a letter of reference, a response to an evaluation form prepared by Cedar Springs, telephone interviews or other interviews initiated by Cedar Springs, or any other means deemed appropriate by Cedar Springs. I understand that the information released may include facts and/or opinions that are unfavorable to me and/or with which I may disagree.

I hereby expressly waive any and all rights I may have of access to any letter of reference, to any response to an evaluation form, to anything discussed in telephone conversations or interviews, or information otherwise obtained by Cedar Springs, including any right to inspect and review, any right to have a copy made for my use, and any right to request an amendment of or correction to any released information.

I hereby release and agree to defend, indemnify and hold harmless Cedar Springs and its past, present and future pastors, elders, deacons, leaders, employees, directors, officers, volunteers, agents, successors and assigns, and insurers from any and all liabilities arising from or in any way related to requesting or receiving information about me. I also release and agree to defend, indemnify and hold harmless any person or organization or entity (whether listed in my application or not) and its respective directors, owners, officers, employees, volunteers and agents who provide information or references about me to Cedar Springs from and against any and all liability arising from or in any way related to their disclosure of any information or opinions about me.

I hereby acknowledge that I have read, understand, and willingly sign and agree to this document.

THIS STATEMENT CONTAINS A RELEASE OF CLAIMS AND AN OBLIGATION TO DEFEND, INDEMNIFY AND HOLD HARMLESS CEDAR SPRINGS CAMP & CONFERENCE CENTER AND OTHERS.
PLEASE READ IT CAREFULLY.

This **signed** Release must be a part of the application package. The Release must be mailed, faxed, or taken to Cedar Springs for the application to be considered complete.

Applicant's
Signature: _____ Date: _____

SUMMER 2016

Please place an 'x' in the weeks in which you intend to be unavailable to work this summer:

5/22-29	5/30-6/5	6/6-12	6/13-19	6/20-26	6/27-7/3	7/4-10	7/11-17
7/18-24	7/25-31	8/1-7	8/8-14	8/15-21	8/22-28	8/29-9/4	9/5-11