



**SPJST Home Office**

520 North Main Street

Temple, Texas 76501

800.727.7578

254.773.1575

**Application for Employment**

We are pleased that you are seeking employment with SPJST. Applicants are considered without regard to race, color, religion, sex, age, or national origin, sexual orientation, or any factors prohibited by local, state, or federal law. We are proud to be an Equal Opportunity Employer.

**Personal**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_ email: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

In Case of Emergency, Please Notify: \_\_\_\_\_ Relationship \_\_\_\_\_  
Emergency Telephone No. \_\_\_\_\_

Please list all names you have used in the past:

\_\_\_\_\_

Have you ever been employed at our Company? Yes  Date of hire: \_\_\_\_\_ No

How were you referred to our Company? Advertisement  Employee  Agency Other: \_\_\_\_\_

Have you ever applied for employment with our Company Yes  Date: \_\_\_\_\_ No

Are you related to anyone employed at SPJST? Yes  Relationship \_\_\_\_\_ No

**Employment Desired**

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ \$ per: \_\_\_\_\_

Are you interested in: Temporary  Full Time  Part Time

**Employment History**

List your last five (5) employers, starting with the most recent; including military service. Attach separate sheet if necessary.

**May we contact your current employer? Yes  No**

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Position: \_\_\_\_\_ Type of Business: \_\_\_\_\_

List of Duties: \_\_\_\_\_

Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ \$ per: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY (CONTINUED)**

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Position: \_\_\_\_\_ Type of Business : \_\_\_\_\_

List of Duties: \_\_\_\_\_

Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ \$ per: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Position: \_\_\_\_\_ Type of Business : \_\_\_\_\_

List of Duties: \_\_\_\_\_

Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ \$ per: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Position: \_\_\_\_\_ Type of Business: \_\_\_\_\_

List of Duties: \_\_\_\_\_

Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ \$ per: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ Position: \_\_\_\_\_ Type of Business : \_\_\_\_\_

List of Duties: \_\_\_\_\_

Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ \$ per: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Education**

Begin with high school and include any military schools you may have attended.

High School Name: \_\_\_\_\_ Address: \_\_\_\_\_

Graduate? Yes \_\_\_ No \_\_\_ GED \_\_\_

College or Trade School: \_\_\_\_\_ Address: \_\_\_\_\_

Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate? Yes \_\_\_ No \_\_\_ GED \_\_\_

**EDUCATION (CONTINUED)**

College or Trade School: \_\_\_\_\_ Address: \_\_\_\_\_  
Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_  
Graduate? Yes \_\_\_ No \_\_\_ GED \_\_\_

College or Trade School: \_\_\_\_\_ Address: \_\_\_\_\_  
Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Degree: \_\_\_\_\_  
Graduate? Yes \_\_\_ No \_\_\_ GED \_\_\_

**Skills**

Licenses or Certifications: \_\_\_\_\_

Computer Technology Skills: \_\_\_\_\_

Other Skills: \_\_\_\_\_

**Criminal Convictions**

Have you, within the last seven years, been convicted of or pled guilty or nolo contendere (no contest) to a felony crime? (Convictions that have been expunged, sealed or legally eradicated need not be listed). Yes  No

If yes, state the nature of the crime(s), when and where convicted and the disposition of the case. A conviction will not necessarily disqualify you from employment. The nature of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may be considered.

Can you perform the essential functions of this job, with or without reasonable accommodation?

Yes  No

Can you meet the attendance requirements of this job? Yes  No

IF HIRED, I WILL PROVIDE PROOF OF MY LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES

**References**

Name (3) individuals we may contact who have knowledge of your performance and work experience, preferably former supervisors:

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Please read carefully, initial each paragraph and sign at the bottom of the page.**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I understand that in processing this application, SPJST may request a criminal background check about you. The Company may obtain a consumer report and/or investigate consumer reports about me that may contain information as to my character, general reputation, personal characteristics, and mode of living. Such reports may include or consist of my driving history obtained from the Department of Motor Vehicles. I further understand that any job offer extended by the Company is contingent upon receipt of a favorable consumer or investigative consumer report about me.

\_\_\_\_\_ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, or with or without cause, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_ I understand that in connection with my application for employment, depending upon the position for which I have applied, any offer of employment is conditioned upon my taking and passing a post-offer/pre-employment drug test and, if necessary for the position for which I have applied, a post-offer/ pre-employment medical examination. I understand that I may refuse to take any required pre-employment drug test and/or medical examination, but that if I do, any offer of employment will be immediately withdrawn.

**I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS CONDITIONS OF MY EMPLOYMENT WITH COMPANY.**

This application, when completed and signed, becomes the property of Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Internal Office Use**

**References**

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information Obtained or Verified \_\_\_\_\_

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information Obtained or Verified \_\_\_\_\_

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information Obtained or Verified \_\_\_\_\_

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information Obtained or Verified \_\_\_\_\_

Date \_\_\_\_\_ Organization \_\_\_\_\_ Contact \_\_\_\_\_

Information Obtained or Verified \_\_\_\_\_

**Criminal Background Check Performed**  Yes  No

Date Performed \_\_\_\_\_ Type of Check \_\_\_\_\_

**Education Verification**

Date \_\_\_\_\_ Name of School/University \_\_\_\_\_ Contact \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Graduation Date \_\_\_\_\_

Date \_\_\_\_\_ Name of School/University \_\_\_\_\_ Contact \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Graduation Date \_\_\_\_\_

**Professional License Verification**

Type of License \_\_\_\_\_ License# \_\_\_\_\_

Board of Issue \_\_\_\_\_ Issue/Expiration Date \_\_\_\_\_

Current Status \_\_\_\_\_

Type of License \_\_\_\_\_ License# \_\_\_\_\_

Board of Issue \_\_\_\_\_ Issue/Expiration Date \_\_\_\_\_

Current Status \_\_\_\_\_



# Camp Kubena

## Application Addendum

### Camp and Retreat Staff

Name: \_\_\_\_\_

**Skills and experiences**

(please describe your experiences in the following areas)

**Children and youth work:** (ie. Internships, jobs, and/or volunteer work)

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**Organized camping :** (day or overnight camps as a participant, employee, and/or volunteer)

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**Leadership experience:**

(working/participating in leadership development programs or serving in leadership roles)

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**Current Certifications:**

(Indicate which you currently hold, name the certifying organization, and expiration date underneath the item)

Adult CPR/AED/First Aid	Canoeing	Water Safety Instructor
Child CPR/AED/First Aid	Archery	Ropes/Challenge Course
Infant CPR/AED/First Aid	Bloodborne pathogen	Wilderness and remote first aid
Lifeguarding	Food Handler	LPN
Waterfront Lifeguarding	Safe boating	RN
Emergency Oxygen	Commercial Driver's License	ASL
Other:		

**Skills and interests: (rate your experience level)**

<b>1 = "I have led this activity"</b> <b>2 = "I have participated in this activity"</b> <b>3= "I have little or no experience in this activity"</b>	<b>Dance</b>	<b>Climbing Wall</b>
	<b>Gymnastics</b>	<b>Rappelling</b>
	<b>Journalism/Creative writing</b>	<b>Caving</b>
	<b>Ecology</b>	<b>High ropes course</b>
	<b>Archery</b>	<b>Low ropes Course</b>
<b>Leadership</b>	<b>Recreation Games/Sports</b>	<b>Team Course</b>
<b>Community Service</b>	<b>Campcraft (outdoor skills)</b>	<b>Other skills/interests</b>
<b>Multicultural Programs</b>	<b>Outdoor cooking</b>	
<b>Conflict resolution</b>	<b>Orienteering</b>	
<b>Teambuilding</b>	<b>Swimming</b>	
<b>Arts and Crafts</b>	<b>Canoeing</b>	
<b>Drama/Theater/Storytelling</b>	<b>Backpacking</b>	
<b>Sing/Song leading</b>	<b>Rock climbing</b>	