



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)

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

Leadership experience:

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

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)

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