

Application for Employment

Intermountain District Camps

Trinity Pines, Cascade ID

(Must be 16 years of age)

Please print or type - use separate paper if necessary

Date _____

Name _____
(Last) (First) (Middle) Phone __ (____) _____

Address _____

City/State/Zip _____

Social Security Number _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position applied for _____

Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify _____

Do you have any relatives who are presently (or have formerly been) employed by Intermountain District Camps? _____

If yes, please list _____

How were you referred to Intermountain District Camps? _____

Have you ever been convicted of a felony? ___ yes ___ no If yes, please explain _____

Briefly explain any background you have which would help qualify you for working at a Christian camp.

Education High School attended _____ Grade completed _____

College attended _____ Years attended _____ Degree _____

Tech. Training _____ Years attended _____ Degree _____

Other _____ Years attended _____ Degree _____

Employment Record (please include all employment for the last five years)

Current employer _____ Position held _____

Employer's address _____

Manager/Supervisor _____ Phone __ (____) _____

Dates employed, from _____ to _____ Wage/salary _____

Reason for leaving _____

Employer _____ Position held _____
Employer's address _____
Manager/Supervisor _____ Phone __ (____) _____
Dates employed, from _____ to _____ Wage/salary _____
Reason for leaving _____

Employer _____ Position held _____
Employer's address _____
Manager/Supervisor _____ Phone __ (____) _____
Dates employed, from _____ to _____ Wage/salary _____
Reason for leaving _____

Note Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion.

Employer's Name _____
Reason _____
Employer's Name _____
Reason _____

References (list three (3) references other than relatives or former employers)

Name _____ Phone __ (____) _____
Address _____
City/State/Zip _____
Occupation _____ Years known _____

Name _____ Phone __ (____) _____
Address _____
City/State/Zip _____
Occupation _____ Years known _____

Name _____ Phone __ (____) _____
Address _____
City/State/Zip _____
Occupation _____ Years known _____

Employees of Intermountain District Camps are required by District policy to complete a background check.

Please return application to:
Trinity Pines Camp & Conference Center
55 SW 5th Ave. Ste.100
Meridian, ID 83642
phone: 208-888-0988 fax: 208-888-4586
cindy@amgidaho.com

Intermountain District Church of the Nazarene
BACKGROUND CHECK FOR CHILDREN/YOUTH WORKERS

DISCLOSURE NOTICE

The Church of the Nazarene is sensitive to the needs of families and strives to be protective and responsible in all areas of ministry. This responsibility is especially felt in the Church's care of their children and youth entrusted to us. In order to fulfill this trust, as well as to comply with state law and requirements of our insurance carrier, it is essential that the church screen ALL adults and youth workers who come in contact with children and youth. This questionnaire is an essential part of that process.

The church will exercise prudent control over the release of disclosure of the content of this document. However, confidentiality **cannot be guaranteed**, and the church specifically reserves the right to disseminate any material contained herein when the church, in its sole discretion, deems it necessary or advisable.

NOTE: Upon your signature of this questionnaire, you understand that a nationwide criminal and sex offender background check will be conducted.

QUESTIONNAIRE

Full Name: _____ **Soc. Sec.#:** _____
(Please print) First Middle Last

Email Address: _____ **Phone:** _____

Date of Birth: _____ **Driver's Lic.#:** _____ **State:** _____

Address: _____

City/State/Zip: _____

Previous Address: _____

Church you attend: _____ **Member?** YES NO

Ministry Position Applying for: _____ **Contact:** _____

Please list all states you have lived in over the past ten (10) years: _____

Have you ever abused, endangered, abandoned, or neglected a child under the age of 18 years or been accused of any such action by anyone? YES NO

If YES, please explain fully: _____

Have you ever been convicted of child abuse, endangerment, abandonment, neglect, injury, or any crime involving actual or attempted molestation of a minor (a child under 18 years of age)? YES NO

If YES, please explain fully: _____

You may use additional sheets if desired. Have you attached additional sheets? YES NO

