

# 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

