

APPLICATION FOR EMPLOYMENT

Shipshewana Campground Inc.

Indicate Position Applied For:

1. NAME (Last, First, Middle) _____

2. ADDRESS: (Number, Street, City, Zip Code) _____

3. TELEPHONE HOME: _____ BUSINESS: _____

4. SOCIAL SECURITY NUMBER: _____

5. ARE YOU 18 YEARS OF AGE OR OLDER? YES NO IF NOT BIRTH DATE: _____
 HAVE YOU EVER BEEN EMPLOYED BY Shipshewana Campground Inc. BEFORE? YES NO
 If yes, give last date employed and Position Title/Department: _____

6. Have you ever served in the armed forces? Yes No

- Branch of Service: _____
- Active Duty from: _____ to _____
- Rank Upon Discharge: _____
- Describe any special training and military assignments related to position applied for (if applicable) _____

7. EMPLOYMENT OF RELATIVES: Are you related by blood or marriage to any person now working for Shipshewana Campground Inc? YES NO
 If yes, give name, relationship to you and the department where employed: _____

8. EDUCATION: Check the highest grade completed :
 9 or less 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name and Location	Dates Attended (mo/yr)		Graduate?	Course Work	Major/Minor Degree Received
		From:	To:			
High School				YES <input type="checkbox"/>		
				NO <input type="checkbox"/>		
College(s) University(s)				YES <input type="checkbox"/>		
				NO <input type="checkbox"/>		
Graduate or Professional				YES <input type="checkbox"/>		
				NO <input type="checkbox"/>		
Other Educational, Vocational School, Internships, Etc.				YES <input type="checkbox"/>		
				NO <input type="checkbox"/>		

9. SPECIAL TRAINING PROGRAMS AND SEMINARS COMPLETED (LIST): _____

DATE: _____

DATE AVAILABLE FOR WORK: _____

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10. REFERENCES : List 3 persons who are familiar with your qualifications for employment. Give name, address and telephone number.					
NAME		ADDRESS		TELEPHONE	
11. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.					
12. Skills, CHECK the following skills, experiences, etc. which you have					
<input type="checkbox"/> Driver's license Number _____ State __		<input type="checkbox"/> Dictaphone		<input type="checkbox"/> Shorthand/speedwriting (specify WPM)	
<input type="checkbox"/> Chauffeur's license Number _____ State __		<input type="checkbox"/> Adding machine/calculator		<input type="checkbox"/> Word processing skills	
<input type="checkbox"/> Car for use at work		<input type="checkbox"/> Typing (specify WPM)		<input type="checkbox"/> Other	
13. Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying) YES <input type="checkbox"/> NO <input type="checkbox"/> (If yes, explain fully on an additional sheet)					
14. WORK HISTORY (Include volunteer experience) Use additional sheets if necessary					
Current or Last Employer			Address		
Job Title			Supervisor Name		
			No. Supervised by You		
Date Employed (mo/yr)		Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)		Duties:			
Full Time <input type="checkbox"/>	Years	Months			
Part Time <input type="checkbox"/>	Years	Months			
Phone					
Additional Space					

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Employer			Address									
Job Title			Supervisor Name		No. Supervised by You							
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Date Separated (mo/yr)	Duties:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Full Time</td> <td style="width: 33%;">Years</td> <td style="width: 33%;">Months</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>							Full Time	Years	Months	<input type="checkbox"/>		
Full Time							Years	Months				
<input type="checkbox"/>												
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Part Time	Years	Months										
<input type="checkbox"/>												
Phone												
Employer			Address									
Job Title			Supervisor Name		No. Supervised by You							
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>							
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Part Time	Years	Months										
<input type="checkbox"/>												
Phone												
<p>15. I certify that all the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this application and release to Shipshewana Campground Inc hiring officials. I understand that failure to respond to all parts of this application may result in my application not being considered. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.</p> <p style="text-align: center;">_____</p> <p>Signature of Applicant (unsigned applications will not be processed) _____ Date</p>												

NOTE: (IF YOU FORGET TO COMPLETE SOME PART OF THIS APPLICATION OR DO NOT INCLUDE REQUESTED INFORMATION, YOUR APPLICATION MAY NOT BE CONSIDERED.) BEFORE SUBMITTING THIS APPLICATION PLEASE CHECK TO SEE THAT YOU HAVE:

1. LISTED YOUR SOCIAL SECURITY NUMBER CORRECTLY
2. LISTED YOUR ZIP CODE CORRECTLY
3. GIVEN COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY
4. SIGNED AND DATED YOUR APPLICATION

THANK YOU FOR YOUR INTEREST. SHIP SHEWANA CAMPGROUND INC. WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CUSTOMERS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

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WORK HISTORY CONTINUATION SHEET – USE AS NEEDED

SOCIAL SECURITY NUMBER				LAST NAME				FIRST NAME				MI			
Employer						Address									
Job Title						Supervisor Name						No. Supervised by You			
Date Employed (mo/yr)				Starting Salary \$ per		Ending Salary \$ per		Reason for Leaving				May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Date Separated (mo/yr)				Duties:											
Full Time <input type="checkbox"/>		Years												Months	
Part Time <input type="checkbox"/>		Years												Months	
Phone															
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Full Time <input type="checkbox"/>		Years												Months	
Part Time <input type="checkbox"/>		Years												Months	
Phone															
Additional Space															

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**SHIPSHEWANA CAMPGROUND INC.
AUTHORIZATION FOR RELEASE
OF PERSONAL AND CONFIDENTIAL INFORMATION**

I, _____ (print full name), do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Shipshewana Campground Inc. Personnel Department, whether the said records are of a public, private, or confidential nature.

The intent to this authorization is to give my consent for full and complete disclosure of the records pertaining to my education, previous employment records, and criminal record background check.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or part, upon this release authorization, will be considered in determining my suitability for employment by Shipshewana Campground Inc. I waive any rights to confidentiality for information relating to my background, including criminal history information, education, and previous employment records, as it relates to determining my suitability for employment. I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the disclosure of an offense against the law, excluding a minor traffic violation, will not result in an automatic disqualification from employment. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.

A photocopy of this release form will be valid as an original; therefore, even though the said photocopy does not contain an original writing of my signature.

Full Signature (including maiden name)

Date

Address:	
City:	State: Zip Code:
Telephone Number: ()	
Date of Birth:	
Social Security Number:	
Driver's License Number:	State:



**SHIPSHEWANA CAMPGROUND INC
DRUG SCREENING THROUGH URINALYSIS
APPLICANT CONSENT FORM**

I, _____ (print full name), understand that as part of the pre-employment process the Personnel Department may conduct a comprehensive background investigation for the purpose of determining my suitability to fill the position for which I have applied. I further understand that I will be required to submit to a drug-screening test prior to the offer of employment. This is all in accordance with the policy of Shishewana Campground Inc to maintain a workforce that is free of illegal drug and alcohol abuse. In accordance with this policy I consent to have an appropriate specimen collected and tested by _____ for any and all controlled substances.

I do hereby voluntarily consent to the sampling and submission for testing of my urine for the purpose of screening for the presence of illegal drugs and/or an abusive level of prescribed medication. I understand that a negative result from this screening is a condition of employment.

I also understand that producing a positively confirmed test result for the presence of illegal drugs and/or an abusive level of prescribed medication will result in the rejection of my application for employment. I understand that a confirmed positive test result indicating the presence of illegal drugs and/or an abusive level of prescribed medication will bar me from securing employment with SHIPSHEWANA CAMPGROUND INC. for at least one year.

Name of Applicant (print)

Social Security Number

Signature of Applicant

Date

