



**CAMP OMEGA, INC.**

22750 Lind Avenue  
Waterville, Minnesota 56096-9320  
Phone 507-685-4266  
Fax: (507) 685-4401  
www.campomega.org • info@campomega.org

**APPLICATION FOR EMPLOYMENT**

**COMPLETE, SIGN, AND RETURN TO ADDRESS ABOVE**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Best time to call \_\_\_\_\_

(Optional) Church Membership \_\_\_\_\_ City \_\_\_\_\_

(Optional) Denomination \_\_\_\_\_ Synod \_\_\_\_\_

Have you ever been a staff member at Camp Omega before? \_\_\_\_ If yes, when and in what position did you serve? \_\_\_\_\_

\_\_\_\_\_

**SKILLS** (attached Resume if necessary)

Position applying for (list as many as interests you): \_\_\_\_\_

List all skills (equipment or personal) you have that may apply to the position that you are seeking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATIONS** – List type and expiration date of all CURRENT Certificates and Licenses in each category.

First Aid: \_\_\_\_\_ CPR: \_\_\_\_\_

Waterfront: \_\_\_\_\_ Food Service: \_\_\_\_\_

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

**DESCRIBE WHY YOU DESIRE TO WORK AT CAMP OMEGA**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

High School / College / Other \_\_\_\_\_ City/State \_\_\_\_\_ Year \_\_\_\_\_ Degree earned \_\_\_\_\_

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Organizations or Clubs in which you are active \_\_\_\_\_

**PAST EMPLOYMENT (List three most recent employers)**

Employer	Address / City / State / Zip	Phone	Position	Dates
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Have you ever been convicted of a child abuse or sexual abuse offense? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

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Have you ever been convicted of a felony or misdemeanor? Yes  No  If yes attach summary details. Disclosure of a criminal record does not automatically disqualify you from employment consideration.

Do you give permission for a potential employer to do a complete background check? Yes  No

**REFERENCES:** List names and addresses of 3 people (not relatives and not fellow students) who have knowledge of your character, experience, and ability. Please provide complete addresses and phone numbers.

Name	Address	Telephone (include area code)	Relationship to you
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**APPLICANT'S SIGNATURE:** Your signature below verifies that you have completed this application form, that all information is true to the best of your knowledge, and you are herewith submitting it to Camp Omega on your behalf. If employed, any false statements on this form are grounds for immediate dismissal.

I give my permission to contact any previous employer and/or reference and/or school and I will hold harmless any such employer/reference/school for any information they release about me relative to my employment with Camp Omega.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_