MENDOCINO WOODLANDS CAMP ASSOCIATION
PO BOX 267 / MENDOCINO, CA / 95460 / 707-937-5755 / FAX 707-937-5415
WWW.MENDOCINOWOODLANDS.ORG

EMPLOYMENT APPLICANT INFORMATION

Name_____

Mailing address_____

Telephone number(s) (_____)_____ (_____)_____

Social Security #_____

Driver's lic. #/State_____ Exp. date_____

Please note if you would not be qualified and/or permitted to drive any company-owned vehicles:

_____

Are there any reasons you cannot fully perform the job functions as described in the complete job description and physical job duties for the position you are applying for? *circle one* **NO / YES**

In case of an emergency, please contact:

Name_____ Phone #(s)_____

Name_____ Phone #(s)_____

Have you ever been convicted of a felony? (A conviction does not necessarily disqualify you from employment.) *circle one* **NO / YES** If YES, please describe_____

REFERENCES (please do not include family members and provide a current phone number)

Name/Relationship_____ Phone (s)_____

Name/Relationship_____ Phone (s)_____

Name/Relationship_____ Phone (s)_____

CURRENT/MOST RECENT EMPLOYMENT

Are you presently employed? **NO / YES** If yes, may we contact your current employer? **NO / YES**

Current/Most Recent Employer _____

City, State _____

Telephone _____ Month/year started_____ Month/year ended_____

Supervisor_____ May we contact this supervisor? YES / NO (circle one)

Position/Duties (if you have already submitted a resume, you may list just the title of the position you held)

_____

_____

FORMER EMPLOYMENT (if you have already submitted a resume, you do not have to list the duties you had for each job)

1) Employer and Contact Person _____

City, State _____

Telephone _____ Month/year started_____ Month/year ended_____

Position/Duties_____

_____

Reason(s) for leaving_____

2) Employer and Contact Person _____

City, State _____

Telephone _____ Month/year started_____ Month/year ended_____

Position/Duties _____

_____

Reason(s) for leaving_____

What qualifies you for this position?_____

_____

_____

List any additional training or other information relevant to the position applied for:_____

_____

You may attach a letter of interest, a resume and/or additional pages of experience, qualifications, or other relevant information to this application.

Mendocino Woodlands Camp Association is an Equal Opportunity employer to all regardless of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age, or sexual orientation.

By signing below, I understand and agree that all information above is accurate and current, and acknowledge that I have received and read a copy of the job description, requirements and physical job duties for the position I am applying for. I also give Mendocino Woodlands Camp Association permission to conduct a criminal record background check and to contact any references, current employers and/or former employers listed above (unless otherwise noted) to verify information on this application. I understand that signing below does not guarantee or imply an employment agreement or offer.

_____ _____

Applicant signature Date

MWCA OFFICE USE ONLY

_____	_____	_____
POSITION APPLIED FOR	NAME OF INTERVIEWER	DATE OF INTERVIEW

_____	_____
DATE OF HIRE, IF APPLICABLE	PAY RATE, IF APPLICABLE

ADDITIONAL NOTES: