

Camp Weed and Cerveny Conference Center

a Ministry of the Episcopal Diocese of Florida

11057 Camp Weed Place

Live Oak, Florida 32060

386 364-5250 office · 386 362-7557 fax



APPLICANT INFORMATION									
Last Name			First			M.I.	Date		
Street Address					APT/Unit #				
City			State		ZIP				
Phone			E-mail Address						
Cell Phone		Work Phone		Other					
Position Applied for									
Have you been employed under other names?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list.				
Describe the skills which qualify you for this position:									
Camp Weed and Cerveny Conference Center, an extension of the ministry of each congregation within the Episcopal Diocese of Florida is a Christ-centered place set apart in natural solitude, enabling worship, renewal, education, enrichment, recreation and community for all people of God. What does this mean to you and how can you contribute to fulfilling our purpose?									



PERSONAL DATA

Have you ever been employed by Camp Weed and Cervený Conference Center prior to this application?

If YES, under what names and date(s) of employment?

Have any members of your immediate family been employed by Camp Weed and Cervený Conference Center?

If YES, list name(s) and date(s) of employment?

Have you been convicted of **ANY** crime, including sex related or child-abuse related offenses? YES NO

If YES , give offense, date, county, state and sentence for each conviction.

Do you have a **VALID** FLORIDA Driver’s License YES NO if not, what type of picture ID can you provide for identification?

Have you been arrested for **DUI** (driving under the influence)? YES NO
 In case of an emergency, who can we contact?

EDUCATION

High School				Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three references not related to you who have knowledge of your character.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company				Phone		
Address				Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From	To	Reason for Leaving				
Company				Phone		
Address				Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From	To	Reason for Leaving				
Company				Phone		
Address				Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$	
Responsibilities						
From	To	Reason for Leaving				
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>						

APPLICANT ACKNOWLEDGEMENT

You are required to sign and date your application. Falsification or omission of information will result in rejection of the application or dismissal if you are employed by Camp Weed and Cervený Conference Center. Your signature also authorizes Camp Weed to request criminal checks from local, state and federal agencies; and employment and educational information/verification from your existing and previous employers and educational institutions. All job offers are contingent upon satisfactory completion of a background check and agree to submit when required to screening for the presence of illegal narcotic substances. **The attached Background Check Authorization must be notarized before application will be considered.**

DISCLAIMER AND SIGNATURE

I understand that filling out this form does not indicate there is a position open and does not obligate Camp Weed and Cervený Conference Center to hire. I agree to abide by all company work rules, policies and procedures. The company retains the right to reverse its policies or procedures in whole or in part, at any time.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Please note: Based on the information you provide in this application, if your qualifications meet the current needs of the Center, you will be contacted for an interview. Please do not contact Camp Weed with questions regarding this application.

