



JAMESON CAMP

Returning Staff Application

2001 Bridgeport Road
Indianapolis, IN 46231
317-241-2661 x14
Fax: 317-241-2762

E-mail: tim@jamesoncamp.org
Website: www.jamesoncamp.org



PERSONAL INFORMATION

Last Name First Name Middle Initial Today's Date

Home Address City State Zip Phone

School Address City State Zip Phone

E-mail Address

By June 1, will you be over 18 years old? YES NO

Will you be over 21 years of age? YES NO

Have you ever been convicted of a crime? YES NO

If yes, please describe: _____

(A "yes" answer does not automatically disqualify you from employment. Upon receiving the information, all details will be considered.)

Dates available for summer employment: From _____ To _____

INFORMATION RELEASE

I have applied for employment at Jameson, Inc. by completing this application form. I understand that employees of Jameson, Inc. may wish to contact my former employers, teachers, and references as indicated on the application to inquire about my past work record and characteristics as they relate to the position for which I am applying. I hereby allow Jameson, Inc. agents to make reference checks and background checks as pursuant to this application. I understand that the purpose of this inquiry will be to obtain information so that my qualifications will be reviewed, evaluated, and considered. In signing this waiver, I expressly authorize Jameson, Inc. agents to make these inquiries. This information will be kept confidential.

Signature

Date

EDUCATION

Please list the most recently attended school first.

School Attended	Years of Attendance	Course of Study	Degree Awarded

Courses taken in camping, leadership, education, psychology, social work or related field:

Please answer the following questions in one or two paragraphs each. Your careful thought and response is appreciated.

1. Why work at Jameson another summer? Is there something about the program or the position for which you applied that stands out for you? What about other jobs?
2. Describe the ideal position at camp for you. What makes it *perfect* for you?
3. When you decided that you wanted to return this summer, what did you hope you would get out of this summer that will be different from any other summer you have worked at Jameson? What would you like to get out of this summer that is the same as previous summers?

Jameson Camp's Hiring Policies, in full, are available upon request.

Thank you for applying!

I certify that my answers to the preceding questions are true and complete and that I have not knowingly withheld any information which might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application will be cause for rejection of this application or dismissal after employment, regardless of the time of discovery by Jameson, Inc. I also understand that previous employment by Jameson, Inc. does not guarantee re-employment by Jameson, Inc.

I understand that this application and any other Jameson, Inc. documents are not contracts of employment. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospect or existing employee. I understand and acknowledge that my employment is at will and that any individual who is hired may voluntarily leave employment and that Jameson, Inc. has the right to terminate employment at any time, for any reason, with or without cause, with or without notice.

I also understand that employment is subject to verification of references, prior employment history, physical examination and satisfactory completion of a probationary period. By signing this application, I authorize Jameson, Inc. to make investigation of all statements herein and release Jameson, Inc. and all others from liability in connection with the same.

I acknowledge that upon hire I must present the original documents needed to complete an Employment Eligibility Verification, Form I-9 in compliance with federal law. I understand that this is required of all new employees regardless of their citizenship status and that my failure to present original documents and complete the I-9 form will result in termination of my employment.

Application retained for one (1) year. All statements become part of any future employee personnel files.

Signature _____ Date _____

TESTING: I understand that Jameson, Inc. will require me to take a test to determine whether I use controlled substances and the receipt of a negative report is an additional condition of any job offer. This test will be done at a facility designated by and at the expense of Jameson, Inc.

I hereby consent to the drug test and agree to follow the necessary procedures to complete such tests to the satisfaction of the drug testing organization.

Signature _____ Date _____

We appreciate your interest in a position at Jameson Camp!

Please return application to Jameson Camp, Attn: Program Director,
2001 Bridgeport Road, Indianapolis, IN 46231
Fax: 317-241-2762