



# LAKE LOGAN

*Retreat Center | Camp Henry | Outdoor School*

## Application for Employment

25 Wormy Chestnut Lane  
Canton, NC 28716  
Lakelogan.org  
828.646.0095

Lake Logan Conference Center and Camp Henry Inc (Lake Logan) is proud to be an Equal Opportunity Employer. To provide equal employment and advancement opportunities to all individuals, employment decisions Lake Logan will be based on merit, qualifications, and abilities. Lake Logan does not discriminate in employment opportunities or practices because of race, color, sex, sexual orientation, gender identity, national origin, age, disability, or veteran status. Episcopalians *may* receive some preference. Lake Logan actively solicits applications from and representation by under-represented groups.

DO NOT WRITE HERE

DATE RECEIVED \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

## PERSONAL INFORMATION

Legal Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Goes by Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you 18 or older? \_\_\_\_\_ If no, list birth date \_\_\_\_\_

List all states in which you have previously resided \_\_\_\_\_

Other names used in previous employment \_\_\_\_\_

Position for which you are applying \_\_\_\_\_

Date of Application \_\_\_\_\_ Date available for work \_\_\_\_\_

Are you available to work the following?

Weekdays? \_\_\_\_\_ Evenings? \_\_\_\_\_ Saturdays? \_\_\_\_\_ Sundays? \_\_\_\_\_

Are you legally eligible to work in the United States? \_\_\_\_\_

Have you been convicted of a felony or misdemeanor (other than a minor traffic violation)? \_\_\_\_\_

If so, please describe.

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Do you have any questions or concerns regarding the criminal background investigation?

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## EMPLOYMENT HISTORY

Are you currently employed? \_\_\_\_\_ If yes, may we contact your current employer? \_\_\_\_\_

Please list all employment for at least the past twenty years beginning with your most recent employment. Use additional pages if necessary.

**CURRENT/MOST RECENT EMPLOYER:** \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_ - \_\_\_\_\_ Last Salary \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**NEXT MOST RECENT EMPLOYER:** \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_ - \_\_\_\_\_ Last Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**NEXT MOST RECENT EMPLOYER:** \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_ - \_\_\_\_\_ Last Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**NEXT MOST RECENT EMPLOYER:** \_\_\_\_\_  
Address, City, State, Zip \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_ - \_\_\_\_\_ Last Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Have you ever been involuntarily discharged, asked to leave a position, or failed to be re-employed? \_\_\_\_\_  
If yes, please describe.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

High School \_\_\_\_\_ Years Completed 1 2 3 4  
City, State \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree received? \_\_\_\_\_

College \_\_\_\_\_ Years Completed 1 2 3 4  
City, State \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree received? \_\_\_\_\_

Course(s) of Study \_\_\_\_\_

Post College \_\_\_\_\_ Years Completed 1 2 3 4  
City, State \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree received? \_\_\_\_\_  
Course(s) of Study \_\_\_\_\_

Other \_\_\_\_\_ Years Completed 1 2 3 4  
City, State \_\_\_\_\_ Did you graduate? \_\_\_\_\_ Degree received? \_\_\_\_\_  
Course(s) of Study \_\_\_\_\_

List any skills, training, certifications, volunteer work, hobbies, or special interests that may help qualify you for this position.

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**NOTE:**

Should an offer of employment be extended, before you begin your employment, you will be required to submit to this organization certain documents for review which verify **both your employment authorization and your identity**. Copies of the documents you may have to submit will be made and retained by the organization for the period of time prescribed by the Immigration Control Act of 1986.

Also, before being offered employment, you will be required to undergo a criminal background investigation. In addition, applicants should be aware that **all employees with a drivers' license are required to maintain automobile liability insurance** in the amounts required by state law and proof of this insurance will be required at least annually.

## REFERENCES

Provide information for three professional references not related to you that can speak to your work experience.

### Reference 1

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

### Reference 2

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

### Reference 3

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_

In what capacity do you know this person? \_\_\_\_\_

## APPLICANT CERTIFICATION

I certify that the answers provided herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in my discharge. Furthermore, I understand that if I am employed, the terms of my employment may be modified at any time by Lake Logan. I understand that if I am employed, my employment is conditional until the results of my criminal background record, reference checks, and other documents required by law are completed, and until information given by me has been verified. I further understand that I may be required to pass a drug screening by a physician or entity selected by the organization as a condition of continued employment. In the event of my employment, I will comply with all rules and regulations set forth in the Lake Logan Employment Manual and other communications distributed to employees.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_