

# CAMP FERN

## Nurse Application

We'd love a current photograph! It helps us identify you!



### GENERAL INFORMATION

Name \_\_\_\_\_ Birthday \_\_\_\_\_  
First Middle Last month/date/year

Permanent Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
Street & Number City State Zip

E-mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_



### REFERENCES Please list 3.

Name	Complete Address	Phone Number	Position of Reference



### PAST EMPLOYMENT

Dates	Employer	Address/Phone Number	Job Title	Supervisor



### EDUCATION

Dates	School	Major Subjects	Yrs. Completed	Degree Earned



## PERSONAL

Age \_\_\_\_ Sex \_\_\_\_ Marital Status \_\_\_\_ Religious Preference \_\_\_\_\_

Where did you hear of Camp Fern?

Part of your job description involves the ability to lift a 50 pound bag if needed. Can you do this?

Yes  No

Your job responsibilities may include transporting kids to various parts of camp. Do you have a valid driver's license? Yes  No

State \_\_\_\_ License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

What makes you unique and what contributions can you give to Camp Fern?

What do you think are the main objectives of a summer camp?

Are you available for an interview? Yes  No  Where? \_\_\_\_\_



## SESSION PREFERENCE

Please check the sessions that you are interested in working (can be one or more)

- PRE CAMP & 1 week Coed
- GIRLS' -1st 2 weeks
- BOYS-1st 2 weeks
- COED - 2 weeks
- GIRLS' - 2nd 2 weeks
- BOYS—2nd 2 weeks



## BACKGROUND CHECK

As an applicant for a position with Camp Fern, I have been requested to furnish information for use in determining my qualifications. In this connection, I do hereby authorize the release and full disclosure of any information that you may have concerning my employment with your company.

I authorize you to release information about my background including, but not limited to, information as to my employment, education, military service, driving record, criminal record and/or public records history to those employees and agents of Camp Fern who require such information in order to make a decision with respect to any matter pertaining to my status as an employee.

I hereby release your company, its employees and anyone acting on behalf of your company from any and all claims, liability and/or damage of any nature which may result from furnishing the information requested, including, but not limited to, claims of negligence.

A photocopy of this release will be valid as an original. This release will expire one (1) year after the date signed.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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



## AUTHORIZATION

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal.

I understand that Camp Fern can terminate the employment relationship at any time, with or without prior notice, for any violation of the contract agreement. All employment is continued on that basis. No employee of Camp Fern, L.L.C., other than the director, has any authority to alter the foregoing.

Signature: \_\_\_\_\_



Return this application to:

**CAMP FERN**  
1046 CAMP ROAD  
MARSHALL, TX 75672  
(903) 935-5420  
FAX: (903) 935-6372

