

1186 Rock-a-Way Road
Senoia, GA 30276
(770) 599-3329 – fax your completed application or email
E-mail: CampMimi_Office@bellsouth.net website: CampMimi.com

APPLICATION FOR EMPLOYMENT

READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION

I understand and agree that any false information provided herein may be cause for denial of employment or dismissal in the event of employment. As an applicant, I hereby authorize the release of information regarding my education, work history, criminal and possibly financial background check for use to determine my qualifications for employment. I understand that I will be asked to provide a criminal background check when I am considered for employment.

Date: _____ Signature: _____

***Note:** Failure to sign above or to answer all questions on this application form may result in loss of employment opportunities with Camp Mimi, LLC

Name: (Last) _____ (First) _____ (MI) _____

Are you known or have been known by another name?

Present Address: (no. street) _____

City _____ State _____ Zip Code _____

Telephone No.(Home)

(Cell #) _____ EMAIL: _____

Age: _____(if under 18 years)
Date of Birth: ____/____/____

POSITION APPLIED FOR:

Job Title: _____

Hours Willing to Work: _____ Salary (\$/hour)

How did you learn of this opening? _____

Do you want to work: Full-time? Part-time? Day? Evening?

Will you accept temporary employment? Yes No _____

Have you ever been convicted of a crime, excluding misdemeanors and summary offense? Yes No
 If yes describe fully.

Are you legally authorized to work in the United States? Yes No
(proof of employment eligibility will be required)

Have you ever served in the Armed Forces? Yes No

If yes, what branch?

Dates of duty: From _____ (Month Day Year) To _____ (Month Day Year)

Type of discharge _____

EDUCATIONAL BACKGROUND:				
Type of School	Name and Location	No. of years completed	Graduated	Degree Received List major
High School			Yes No	
College			Yes No	
Post Graduate			Yes No	
Business or Trade			Yes No	
Other				

* If you have a High School Equivalency Diploma (G.E.D.) state name of issuing agency, year issued, and location of issuing agency.

WORK HISTORY

List in order, present to past, each position you have held. **Account for all periods of unemployment.** Describe fully your specific duties and responsibilities for each position held. **Resumes may be attached as a supplement but cannot be a substitute for the completion of this application form. Also list any significant accomplishments you made in each position.** If additional space is needed attach supplementary sheets.

1 Dates of employment <i>(month, year)</i> From: _____ To: _____ Exact Title of Position: _____	Kind of business organization <i>(manufacturing, accounting, insurance etc.)</i>	Place of employment <i>(city, state)</i>	Avg. hrs per week
	Name of employer <i>(firm, organization, etc.)</i> and address <i>(including ZIP)</i>	Area code and phone No.	Number of employees you supervised
Salary or earnings <i>(grade & step, if applicable)</i> Starting \$ _____ per _____ Final \$ _____ per _____	Name and title of immediate supervisor		
	Reason for wanting to leave		
	May we inquire of current employer? Yes No		

Describe your duties, responsibilities, and accomplishments

2 Dates of employment <i>(month, year)</i> From: _____ To: _____ Exact Title of Position: _____	Kind of business organization	Place of employment <i>(city, state)</i>	Avg. hrs per week
	Name of employer <i>(firm, organization, etc.)</i> and address <i>(including ZIP)</i>	Area code and phone No.	Number of employees you supervised
Salary or earnings <i>(grade & step, if applicable)</i> Starting \$ _____ per _____ Final \$ _____ per _____	Name and Title of immediate supervisor		
	Reason for leaving		

Describe your duties, responsibilities, and accomplishments

3 Dates of employment (month, year) From: _____ To: _____ Exact Title of Position:	Kind of business organization	Place of employment (city, state)	Avg. hrs per week
	Name of employer (firm, organization, etc.) and address (including ZIP)	Area code and phone No.	Number of employees you supervised
Salary or earnings (grade & step, if applicable) Starting \$ _____ per _____ Final \$ _____ per _____	Name and Title of immediate supervisor		
	Reason for leaving		

Describe your duties, responsibilities, and accomplishments

SKILLS AND QUALIFICATIONS

List special qualifications and skills with machines and equipment (office, printing, word processing, public speaking, computer hardware and software, etc.; important publications; membership in professional or scientific societies; etc.)

List any Professional License or Certificates that are currently valid.(e.g. nurse, lawyer, C.P.A. radio operator, plumber, electrician, etc.)	State or other Licensing Authority	Year of first License or Certificate	Year of latest License or Certificate	Expiration Date

Camp Mimi does not discriminate on the basis of race, color, national and ethnic origin, sex, marital status, religion, or disability concerning services, products or employment. ***You will be asked to provide us with a criminal background check***