



**APPLICATION FOR  
SUMMER SUPPORT STAFF**

**PLEASE RETURN TO:**

1438 Sheridan Road NE, Atlanta, GA 30324  
770-483-2225 • [www.campwestminster.org](http://www.campwestminster.org)  
[director@campwestminster.org](mailto:director@campwestminster.org)

The purpose of Camp Westminster is to promote both the Gospel of Jesus Christ and the personal growth of the individual Christian, with the emphasis on youth, in a fun and safe environment.

**NAME: (Mr. Mrs. Ms.)** \_\_\_\_\_ Date of application: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ Social Security #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Area Code/Phone: (\_\_\_\_) \_\_\_\_\_ Area Code/Phone: (\_\_\_\_) \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Marital Status:** \_\_\_\_\_ **Children:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Position applying for: (Rank in order of preference, any you may be interested in)

\_\_\_\_ Food Service                      \_\_\_\_ Nurse                      \_\_\_\_ Administrative Assistant

Are there any reasons you may have difficulty in performing any of the essential functions of the job for which you have applied?  Yes  No If yes, please explain: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

High School: \_\_\_\_\_ Graduated: \_\_\_\_\_

Address: \_\_\_\_\_

College: (if applicable) \_\_\_\_\_ Graduated: \_\_\_\_\_

Address: \_\_\_\_\_

Major: \_\_\_\_\_ Yrs. In College: \_\_\_\_\_

Church you attend: \_\_\_\_\_

Christian Organizations you are involved with: \_\_\_\_\_

# Employment History

(Please list your most recent employment first)

1. Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**(We reserve the option to contact these employers)**

## References:

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Relation to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Relation to you: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Relation to you: \_\_\_\_\_

# Questionnaire

**You must complete all the following questions and the inserted Release Form to be considered for employment.**

How long have you lived at your present address? \_\_\_\_\_

If applicable, please give your previous addresses for the last 5 years. \_\_\_\_\_  
\_\_\_\_\_

Has your driver's license ever been suspended or revoked? **Yes or No**

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever used illegal drugs? **Yes or No**

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a criminal offense or do you have criminal charges pending? **Yes or No**

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with neglect, abuse, or assault? **Yes or No**

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted or accused of mistreatment, neglect, abuse, or attempted or actual sexual molestation of a minor? **Yes or No**

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined, discharged or asked to resign from any job for misconduct, immoral behavior, or violation of work standards? **Yes or No**

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

(If you responded "yes" to any of these questions, describe in detail the circumstances. Use a separate sheet of paper if necessary)

# RELEASE FORM

I hereby authorize Camp Westminster, a division of Westminster Presbyterian Church, Atlanta, GA, its agent, DAC Services, or other information providers, to receive any criminal history record, school record, and other information pertaining to me which may be in the files of any state or local criminal justice agency.

Full name printed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Sex      Race      DOB      SS#

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

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

Please attach a photocopy of your driver's license (or other photo ID) and your Social Security card.

Customer Number 28683

State: \_\_\_\_\_