

OCEAN GROVE CAMP MEETING ASSOCIATION  
 PO BOX 248  
 OCEAN GROVE, NEW JERSEY 07756

**APPLICATION FOR EMPLOYMENT**

Youth, Administration, Great Auditorium, Grove Hall, Bookstore

PERSONAL INFORMATION

NAME

LAST

FIRST

MIDDLE

SUMMER ADDRESS

STREET

CITY

STATE

ZIP

WINTER ADDRESS

STREET

CITY

STATE

ZIP

SUMMER PHONE

WINTER PHONE

EMAIL ADDRESS

CELL PHONE

IF UNDER AGE 18: AGE & DATE OF BIRTH

ARE YOU ELIGIBLE TO OBTAIN WORK PAPERS?

Y N

IF RELATED TO ANYONE IN OUR EMPLOY,  
 STATE NAME AND DEPARTMENT

REFERRED BY

EMPLOYMENT DESIRED

POSITION

DATE YOU  
 CAN START

DATE YOU ARE  
 AVAILABLE UNTIL

PLEASE LIST ANY DATES DURING OUR SEASON WHERE YOU WILL NOT BE AVAILABLE TO WORK

EVER APPLIED TO OGCMA BEFORE?

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	COURSE
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				

CERTIFICATIONS, SPECIAL QUALIFICATIONS

(INCLUDE CPR, FIRST AID, MUSICAL ABILITIES, ETC.)

ACTIVITIES: CIVIC, ATHLETIC, ETC.

(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS)

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (LIST BELOW LAST TWO EMPLOYERS, STARTING WITH LAST ONE FIRST.)				
DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				

REFERENCES GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YU HAVE KNOWN AT LEAST ONE YEAR			
NAME	ADDRESS & PHONE	RELATIONSHIP	YEARS ACQUAINTED
1			
2			
3			

**FAITH STATEMENT** PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR RELATIONSHIP WITH JESUS CHRIST AND WHAT IT MEANS TO YOU

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**PHYSICAL ABILITY** DO YOU HAVE ANY IMPAIRMENT THAT WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE \_\_\_\_\_  
 JOB FOR WHICH YOU HAVE APPLIED? \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE
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I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I UNDERSTAND THAT ALL EMPLOYEES ARE EMPLOYED AT THE WILL OF OGCMA AND ARE SUBJECT TO TERMINATION AT ANYTIME FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. EMPLOYEES MAY TERMINATE THEIR EMPLOYMENT AT ANYTIME AND FOR ANY REASON.

*It is the policy of the OGCMA to provide equal opportunity in employment to all employees and applicants for employment. No person will be discriminated against in employment because of race, color, sex, age, national origin, disability, military status, or any other characteristic protected by applicable federal or state law. OGCMA will distinguish between ministry and non-ministry employment, commitment to Christian belief is essential to all ministry positions.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_