



OCEAN GROVE
 CAMP MEETING ASSOCIATION
 GOD'S SQUARE MILE AT THE JERSEY SHORE

**APPLICATION
 FOR
 EMPLOYMENT**

| APPLICANT INFORMATION | | | | | | | | | |
|--|----|--|--------------------|---|--|-----------|------|--|--|
| LAST NAME | | FIRST | | | M.I. | | DATE | | |
| STREET ADDRESS | | | | APT/UNIT # | | | | | |
| CITY | | | STATE | | ZIP | | | | |
| PHONE | | | E-MAIL ADDRESS | | | | | | |
| SOCIAL SECURITY # | | | | ARE YOU AUTHORIZED TO WORK IN THE U.S. YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| SUMMER STREET ADDRESS IF DIFFERENT FROM ABOVE | | | | | | | | | |
| CITY | | | STATE | | ZIP | | | | |
| IF UNDER 18, AGE & DATE OF BIRTH | | | | ARE YOU ELIGIBLE TO OBTAIN WORKING PAPERS? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| IF RELATED TO ANYONE EMPLOYED BY THE OGCMA, STATE NAME & DEPT. | | | | REFERRED BY | | | | | |
| POSITION APPLYING FOR | | | | | | | | | |
| HAVE YOU EVER WORKED FOR THE OGCMA? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | IF YES, WHEN & DEPT. | | | | | |
| EDUCATION | | | | | | | | | |
| HIGH SCHOOL | | | ADDRESS | | | | | | |
| FROM | TO | DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YEARS COMPLETED | | | | |
| COLLEGE | | | ADDRESS | | | | | | |
| FROM | TO | DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | DEGREE | | | | |
| PREVIOUS EMPLOYMENT | | | | | | | | | |
| COMPANY | | | | | PHONE | | | | |
| ADDRESS | | | | | | | | | |
| POSITION | | | SUPERVISOR | | | SALARY \$ | | | |
| FROM | | TO | REASON FOR LEAVING | | | | | | |
| COMPANY | | | | | PHONE | | | | |
| ADDRESS | | | | | | | | | |
| POSITION | | | SUPERVISOR | | | SALARY \$ | | | |
| FROM | | TO | REASON FOR LEAVING | | | | | | |
| MAY WE CONTACT YOUR PREVIOUS EMPLOYERS FOR A REFERENCE? | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | |

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

| | | | |
|---------|--|------------------|--|
| NAME | | RELATIONSHIP | |
| PHONE # | | YEARS ACQUAINTED | |
| NAME | | RELATIONSHIP | |
| PHONE # | | YEARS ACQUAINTED | |
| NAME | | RELATIONSHIP | |
| PHONE # | | YEARS ACQUAINTED | |

OTHER

CERTIFICATIONS, SPECIAL QUALIFICATIONS (INCLUDE CPR, FIRST AID, MUSICAL ABILITIES, ETC.)

ACTIVITIES: CIVIC, ATHLETIC, ETC.

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

DO YOU CURRENTLY POSSESS A VALID DRIVER'S LICENSE? YES NO IF YES, STATE

DRIVER'S LICENSE # EXPIRATION

DO YOU HAVE ANY IMPAIRMENT THAT WOULD INTERFERE WITH YOUR ABILITY TO PERFORM THE POSITION FOR WHICH YOU APPLIED?
YES NO IF YES, EXPLAIN

FOR BEACH POSITIONS:

DO YOU MEET THE MINIMUM AGE REQUIREMENT FOR THE JOB FOR WHICH YOU HAVE APPLIED?

BEACH CLEANERS – 15 YEARS STEPGUARD – 16 YEARS LIFEGUARD – 16 YEARS OFFICE CLERK – 18 YEARS

FOR MINISTRY POSITIONS – ATTACH A SEPARATE STATEMENT OF FAITH

DISCLAIMER AND SIGNATURE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS A 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 THE 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 NON-MINISTRY AND MINISTRY EMPLOYMENT, COMMITMENT TO CHRISTIAN BELIEF IS ESSENTIAL TO ALL MINISTRY POSITIONS.

Signature

Date

This application can be mailed or dropped off at the following address:

Ocean Grove Camp Meeting Association, 54 Pitman Avenue, Ocean Grove, NJ 07756