



APPLICATION FOR EMPLOYMENT

Eagle Sky of the Ozarks, LLC

*1 Eagle Sky Dr, Piedmont, MO 63957
P 573.287.3288 F 573.287.3223*

<i>For office use only:</i>	
Date Interviewed	Interviewed by:
_____	_____
Date Interviewed	Interviewed by:
_____	_____
<small>rev: 3/10/2006 3:55 PM</small>	

Please Print Plainly
**Conditions of employment are stated at the end of this form.
Please read carefully before you sign this application.**

Name (Last Name, First, Middle)	Social Security Number	Date	
_____	_____	_____	
Permanent Address	City	State	Zip
_____	_____	_____	_____
Telephone Number	Cell Phone Number	E-mail address	
_____	_____	_____	
School/Business Address	City	State	Zip
_____	_____	_____	_____
School/Business Telephone Number	School/Business Fax number	School/Business E-mail	
_____	_____	_____	

List each address, and state of residence in which you have resided during the past 10 years: (use separate page if necessary)

<u>Address</u>	<u>City/State</u>	<u>Dates</u>
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Are you 18 or over? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you a U.S. Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	If not a U.S. Citizen - do you have a Work Permit? YES <input type="checkbox"/> NO <input type="checkbox"/>	If not a U.S. Citizen can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Position or type of work desired 1st choice	Position or type of work desired 2nd Choice	Min. Salary Acceptable	Date Available for Work
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Do you meet or exceed any minimum age requirements for that position? Don't know minimum age YES NO

Can you perform the essential functions of the job for which you have applied, with or without reasonable accommodation? YES NO

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job? YES NO

If yes, please explain:

If not seeking full-time employment, list schedule of work desired	If seasonal employment, date employment to end on:
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Do you have any objection to Saturday, Sunday, or evening / late shift work?

List any reason known to you why you might be *unable* to perform consistently and promptly any of the job duties you are applying for.

Have you ever been discharged from any employment or asked to resign? YES NO

If yes, please explain:

Do you have...

...a valid driver's license? YES NO State? _____ License Number: _____ Expir. date: _____

...a commercial driver's license? YES NO State? _____ License Number: _____ Expir. date: _____

Class of commercial driver's license: _____

What languages do you speak other than English?

EDUCATION

Circle Highest

Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4

Other

GED Certificate
YES NO

SCHOOL NAME, CITY, & STATE

NO. OF YRS. ATTN.

MAJOR

MINOR

DEGREE

High School

YES NO

College

YES NO

College

YES NO

Seminary

YES NO

Trade or Correspondence

YES NO

Other Training

Are You Attending School Now?
YES NO

Name of School and Location

Areas in which You Have Had Experience or Training

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Program Staff | <input type="checkbox"/> Music-Ensemble instrument | <input type="checkbox"/> Stock Receiving/Shipping | <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Bible Teaching | <input type="checkbox"/> Voice-Soloist | <input type="checkbox"/> Boating | <input type="checkbox"/> Publication writing/editing |
| <input type="checkbox"/> Office Staff | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Music-Arrangement | <input type="checkbox"/> Boat Dock Management | <input type="checkbox"/> Word Processing ____ WPM |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Teaching | <input type="checkbox"/> Musical-Instruments (list below) | <input type="checkbox"/> Lifeguard: Jr Sr WST | <input type="checkbox"/> Transcription |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Child Care | <input type="checkbox"/> Drama | <input type="checkbox"/> Sports (list below) | <input type="checkbox"/> Computer Programming (list below) |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Counseling | <input type="checkbox"/> Dance | <input type="checkbox"/> ATV | <input type="checkbox"/> Photography-Camera |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Food Service-Cook | <input type="checkbox"/> Writing skits/plays | <input type="checkbox"/> Hiking | <input type="checkbox"/> Photography-Video |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Food Service-Cook's Helper | <input type="checkbox"/> Art/Design | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Video Editing |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Food Service-General staff | <input type="checkbox"/> Sound Technician | <input type="checkbox"/> Horsemanship | |
| <input type="checkbox"/> EMT | <input type="checkbox"/> Music-Praise/worship leader | <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Horse-Wrangler | |
| <input type="checkbox"/> Paramedic | <input type="checkbox"/> Music-Ensemble voice | <input type="checkbox"/> Grounds Maintenance | <input type="checkbox"/> Care of Cattle | |

Other Areas of Experience/Training not listed above: _____

Type of Computer Experience: Limited Moderate Extensive Explain: _____

If checked above, list: Type of Sports Experience: _____

If checked above, list: Computer Programming-Languages: _____

If checked above, list: Kinds of Musical Instruments You Play: _____

Machines You Can Operate

Heavy Equip. Power Tools Tractors Welder Computer (list software): _____

List other specific machines you can operate not listed above: _____

REFERENCES**1. Name of Character Reference** *(Not Relative or Former Employer)*

Address	City	State	Zip
Relationship	No. of Yrs. Known	Telephone Number	

2. Name of Character Reference *(Not Relative or Former Employer)*

Address	City	State	Zip
Relationship	No. of Yrs. Known	Telephone Number	

3. Name of Character Reference *(Not Relative or Former Employer)*

Address	City	State	Zip
Relationship	No. of Yrs. Known	Telephone Number	

PAST WORK HISTORY

LIST PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT.

1. Name of Company	Street Address	City	State	Zip	
Position	Dates Employed (Month & Year) From: To:		Salary Beginning	Ending	Immediate Supervisor
			\$ _____	\$ _____	

Duties you performed _____

If presently employed, may we contact your employer? If now employed, why do you wish to make a job change? If not employed, reason for leaving.

YES NO

2. Name of Company	Street Address	City	State	Zip	
Position	Dates Employed (Month & Year) From: To:		Salary Beginning	Ending	Immediate Supervisor
			\$ _____	\$ _____	

Duties you performed _____

If presently employed, may we contact your employer? If now employed, why do you wish to make a job change? If not employed, reason for leaving.

YES NO

3. Name of Company	Street Address	City	State	Zip	
Position	Dates Employed (Month & Year) From: To:		Salary Beginning	Ending	Immediate Supervisor
			\$ _____	\$ _____	

Duties you performed _____

If presently employed, may we contact your employer? If now employed, why do you wish to make a job change? If not employed, reason for leaving.

YES NO

4. Name of Company	Street Address	City	State	Zip	
Position	Dates Employed (Month & Year) From: To:		Salary Beginning	Ending	Immediate Supervisor
			\$ _____	\$ _____	

Duties you performed _____

If presently employed, may we contact your employer? If now employed, why do you wish to make a job change? If not employed, reason for leaving.

YES NO

Indicate any employer you **do not** wish us to contact, and the reason:

CRIMINAL RECORD Have you ever been convicted of a crime, other than a minor traffic offence? YES NO

If YES is checked, please describe on Confidential Page attached to this application.

(Note: a prior conviction is not an automatic bar to employment. The type of conviction and when it occurred will be evaluated before any decision is made.)

Because of Eagle Sky's commitment for safety and security for children, staff, guests and volunteers, we ask that you please answer the following questions. We understand the following questions are personal and we will protect your privacy:

A. Is there any reason, including those that are physical or mental health related, that might keep you from effectively working with children or that might cause a child potential harm? YES NO

If yes, please describe on the Confidential page attached to this application

B. Have you ever been charged with, indicted for, or pled guilty to a crime? YES NO

If yes, please describe on the Confidential page attached to this application.

C. Have you ever been charged with, or named in a complaint or investigation involving sexual harassment or inappropriate contact with an adult or minor child? YES NO

If yes, please describe on the Confidential page attached to this application.

D. Have you ever been known by any other name (including maiden name)? YES NO

If yes, please list all other names:

CHRISTIAN BACKGROUND Are you committed to the Lordship of Jesus Christ, to a Christ-like work ethic and willing to use your skills and talents in fulfilling our mission statement? YES NO

Write a brief biographical sketch, including specialized training in Christian camping, your conversion and your acceptance of Jesus Christ as your Lord and Savior and experience or training in other fields which might have a bearing on the position (s) for which you are applying. Attach a separate sheet if necessary.

Use this space to list any jobs not included above, and additional information about your experiences, background, interest, etc. not covered by specific questions which you consider important. Attach a separate sheet if necessary.

This application for employment is good for 90 days only. Consideration for employment after 90 days will require a new application.

PLEASE READ AND SIGN

I have read and fully understand all questions requested in this application. I certify that all answers given by me are true, accurate and complete. I authorize investigation of all statements in this application in order to independently verify the correctness of the information that I have provided, including an extensive unlimited background investigation, and further release Eagle Sky of the Ozarks, LLC and all others for liability in connection with same. *I fully understand that the failure to reveal any former employer or providing false or misleading information in this application or in other documents completed or submitted by me may be cause for immediate dismissal without prior notice regardless of the date of discovery by the Eagle Sky of the Ozarks, LLC.* I understand that the completion and/or execution of this application does not insure me a staff position or employment by Eagle Sky of the Ozarks, LLC.

I understand that, if I am employed, I am free to resign at any time, with or without cause and without prior notice, and Eagle Sky of the Ozarks, LLC reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This employment-at-will relationship is for no specified duration or term and may not be modified by any oral or implied agreements. I authorize Eagle Sky of the Ozarks, LLC to request and obtain information covering my previous employment, verify educational background, degree/license/certification and to contact the personal references listed herein, and I hereby release Eagle Sky of the Ozarks, LLC and its officers, directors and representatives from any and all liability of whatever kind and nature, which, at any time, could result from obtaining and making an employment decision based on such information.

Should an employment offer be extended to me and accepted as consideration for my employment, I acknowledge and agree that I will fully adhere to the policies, rules, and regulations of employment and mission statement of Eagle Sky of the Ozarks, LLC and acknowledge that complying with such policies is a condition of employment. I understand that if offered a position with Eagle Sky of the Ozarks, LLC, I may be required to submit to a pre-employment medical examination and drug screening as a condition of employment. I acknowledge that unsatisfactory results from, refusal to cooperate with, or attempts to affect the results of these pre-employment tests will result in the withdrawal of any employment offer or termination of employment if already employed.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND UNDERSTAND ITS CONTENT AND I SIGN THIS RELEASE AS MY OWN TRUE ACT; AND ACKNOWLEDGE THAT THIS IS A LEGAL DOCUMENT AND THAT I HAVE BEEN GIVEN THE RIGHT TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.

SIGNATURE OF APPLICANT _____ Date _____

CONFIDENTIAL RESPONSES

Name: _____

Date: _____

Please list Question Number and response/explanations below: