



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	
ADDRESS		YEARS ACQUAINTED	
NAME		RELATIONSHIP	
ADDRESS		YEARS ACQUAINTED	
NAME		RELATIONSHIP	
ADDRESS		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