



THE MASTER'S WORKSHOP CAMP, INC.

179 Church Camp Lane, Waco, TX 76706

254-662-0441

On the web: www.tmwcamp.org

STAFF APPLICATION

Full Name: _____

Permanent Address: _____ City: _____

State: _____ Zip: _____ Home Phone: () _____ Cell Phone: () _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Home Phone: () _____ Alt. Phone: () _____

Email: _____ Date of Birth: _____ Gender: M / F

T-Shirt Size – circle one - Adult: Small Medium Large X-Large XX-Large _____

Church Membership: _____ Year Graduated High School: _____

Emergency Contact Name: _____ Relationship: _____

Phone: () _____ Address: _____

POSITION APPLYING FOR: (check one)

Program Coordinator _____ Kitchen Coordinator _____ Health Officer _____ Lifeguard _____ Cook _____

Camp: Sports _____ Leaders of Tomorrow _____ Young Seekers _____ Discoverers _____

Past Work Experience: (List last 3 Employers)

Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Type of Work: _____

Dates of Employment: _____ Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Type of Work: _____

Dates of Employment: _____ Reason for Leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Type of Work: _____

Dates of Employment: _____ Reason for Leaving: _____

LIST FOUR REFERENCES:

Give name, complete address, and phone number. One reference should be pastor/deacon/church elder. Do not include relatives.

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

CERTIFICATIONS OR LICENSES: (Please attach a copy of each mentioned below)

As an employee, you will be a role model and have direct influence over lives of children who attend The Master’s Workshop Camp, Inc. It is necessary that we provide the safest environment possible for these children. Some of the following questions may seem offensive or private. However, our children are critically important. Therefore, we feel the questions are necessary.

- Have you ever been charged of a crime against a child? Yes No
- Have you ever been convicted of a crime against a child? Yes No
- Have you ever been charged with a misdemeanor or felony crime? Yes No
- Have you ever been arrested for a misdemeanor or felony crime? Yes No
- Have you ever been convicted of a misdemeanor or felony crime? Yes No

If you answered yes to any of the questions above, please elaborate on a separate piece of paper.

- Have you ever been addicted to or treated for chemical dependence? Yes No
- Are you in recovery? Yes No
- Do you smoke or use other forms of tobacco? Yes No
- How often do you use alcoholic beverages? Never Rarely Occasionally Weekly

Have you ever been convicted of, plead guilty, or no contest, to a felony or offense involving, but not limited to, theft, rape, murder, embezzlement, child abuse, or indecency with a minor? Yes No
If yes, please state where, when, and the nature of the offense below.

I understand that I am responsible to the Program Coordinator and/or Camp Advisory Board; I understand that the CAB may terminate my work with The Master’s Workshop Camp, Inc. at any time due to unsatisfactory performance. I also understand that I am required to abide by all The Master’s Workshop Camp, Inc. policies and failure to do so will result in termination.

I hereby certify that the above information is to the best of my knowledge true, accurate, and complete. Any misrepresentation or willful omission of facts shall be cause for sufficient cause for disqualification of this application or termination of employment.

Applicant Signature

Date