

# California Lions Camp "Camp Pacifica"

[www.californialionscamp.org](http://www.californialionscamp.org)

Application for Employment pre-employment questionnaire, equal opportunity employer.

## General staff NOT counsellors

### PERSONAL INFORMATION

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone # \_\_\_\_\_ SS# \_\_\_\_\_  
Email \_\_\_\_\_  
Referred by \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ date you can start \_\_\_\_\_  
Salary required \_\_\_\_\_ Are you currently employed Yes No  
If yes may we contact your present employer? \_\_\_\_\_  
Ever applied to this company before? \_\_\_\_\_ where \_\_\_\_\_ when \_\_\_\_\_

### EDUCATION HISTORY

High School or equivalent: years attended \_\_\_\_\_ Did you graduate Yes No  
Subjects Studied \_\_\_\_\_

College: years attended \_\_\_\_\_ Did you graduate Yes No  
Subjects Studied \_\_\_\_\_

Other relevant education, qualifications, experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

US Military Service \_\_\_\_\_

Rank \_\_\_\_\_

### FORMER EMPLOYEES

(list below last four starting with most recent first)

from \_\_\_\_\_ to \_\_\_\_\_

Position \_\_\_\_\_ Salary \_\_\_\_\_

Reason for leaving/ still employed \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Salary \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

### REFERENCES

Name \_\_\_\_\_ Tel # \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Tel # \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Tel # \_\_\_\_\_  
Email \_\_\_\_\_  
Address \_\_\_\_\_

### AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all the statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release the company from all liability for any damage that may result for utilizing of such information. I also understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American Disabilities Act (ADA) and other relevant federal and state laws.

Signature \_\_\_\_\_ Date \_\_\_\_\_