

FRIENDSHIP VENTURES

Employment Application

Name _____ Date _____
first middle last

Permanent Address _____
Street City State Zip

Phone (_____) _____

Present Address _____
Street City State Zip

Phone (_____) _____

Have you applied to Friendship Ventures before?
_____ Yes _____ No

E-mail address _____

POSITION(S) APPLYING FOR:

1. _____ 2. _____

Please check the program(s) you are interested in working:

• **Creative Options Respite Weekends** (Year– Round Opportunities)

_____ Camp Friendship
_____ Eden Wood

• **Team Quest** (Year – Round Opportunities)

_____ Camp Friendship
_____ Eden Wood
_____ Camp New Hope

Health Care (Year – Round Opportunities)

_____ Camp Friendship
_____ Eden Wood
_____ Camp New Hope

• **Resident Camp**

Summer Program _____ June - August @ Camp Friendship / Eden Wood / Camp New Hope
Winter Program _____ December/January @ Camp Friendship

Please list the dates you are available to work: _____ TO _____

EDUCATION:

High School _____
name & location Grade Completed/Degree Received

College/Other _____
name & location Course of Study and Grade Completed/Degree Received

EMPLOYMENT EXPERIENCE: (please list last employer first)

***Employer's name** _____ Phone (_____) _____

Address _____
street city state zip

Supervisor _____ Position Held _____
Name and Title

Dates Employed: _____ Reason for Leaving _____

Employer's Email _____

***Employer's name** _____ Phone (_____) _____

Address _____
street city state zip

Supervisor _____ Position Held _____
Name and Title

Dates Employed: _____ Reason for Leaving _____

Employer's Email _____

CERTIFICATIONS/TRAINING: Do you have any of the following certificates/training? (please list expiration dates)

_____ American Red Cross (ARC) Water Safety Instructor	_____ ARC Lifeguard Training	_____ ARC CPR
_____ National Archery Association Instructor	_____ Community Water Safety	_____ EMT
_____ Non-violent Crisis Intervention	_____ Sign Language	_____ ARC First Aid
_____ High/Low Ropes Course	_____ Wilderness First Aid	_____ Driver's License

Other: _____

PROFESSIONAL REFERENCES: (please list 3 past employers or educational references, NOT related to you, who can verify your qualifications)

1. _____

first name	last name	relationship
street	city	state zip
(_____)	(_____)	
Daytime phone	Evening phone	
Email address: _____		Organization _____

2. _____

first name	last name	relationship
street	city	state zip
(_____)	(_____)	
Daytime Phone	Evening phone	
Email address: _____		Organization _____

3. _____

first name	last name	relationship
street	city	state zip
(_____)	(_____)	
Daytime Phone	Evening phone	
Email Address: _____		Organization _____

Where and how did you learn about Friendship Ventures? If through the internet, please list the web site.

Do you desire to obtain practicum credit and/or internship credit? Yes/No. If yes, please state the type of credit to be earned and with which college/university program you are affiliated.

Have you ever been convicted of a misdemeanor or felony of a non-traffic nature? Yes/No If yes, please explain.

I certify that the information given herein and accompanying resume or documentation is true and complete to the best of my knowledge. I authorize investigation of all statements this information contains as may be necessary in arriving at an employment decision; including, but not limited to contacting my current or former employers, contacting references, a motor vehicle report and a Criminal Background Check. Any individual who applies for and who is being considered for employment will be asked to complete Criminal Background Checks consent form. Allowing the Criminal Background Checks to be completed is a condition of employment. Accordingly Friendship Ventures will refuse to hire an applicant or will terminate an employee for refusing to consent to at Criminal Background Check. In the event of employment, I understand that false or misleading information given herein or during my interview(s) may result in discharge. I understand that this application does not create a contract of employment. I understand that if hired I am obliged to comply with any and all current or subsequently adopted Friendship Ventures policies. I agree if I am hired, my employment is for no definite period of time, and may, regardless of date of payment of my wages or salary, be terminated at any time with or without reason, and for any reason. To the best of my knowledge, I meet the minimum qualifications for the position(s) I have applied for.

Signature of Applicant Date

Signature of your parent/guardian is also required if you are under the age of 18 / Relationship Date

Please send completed application to:

FRIENDSHIP VENTURES
10509 108TH ST NW
ANNANDALE, MN 55302
Or Fax: 952-852-0123

Phone: Twin Cities Metro (952) 852-0101
Toll Free 1-800-450-8376
Email: jobs@friendshipventures.org
Web: www.friendshipventures.org

Check this box if you would like to receive a copy of the report conducted.