

Camp Michael 1741 Shupp Rd, Bucyrus, OH 44820

Groundskeeper/Ranger Position Application

PERSONAL INFORMATION					
				D (
Full Name:	First	Middle	Last	Date:	
Addross:					
Address	Street Address			Apt/Suite	
	City	S	tate	Zip Code	
E-Mail:				Phone:	
Social Sec	urity Number (SSN):		Date Available:	
		POSI	TION ELIGIB	BILITY	
*IF NO, are Have you e *IF YES, ple	ease EXPLAIN e tobacco □ YE	o work in the VICTED of a :s* □ NO Do y :	FELONY or	MISDEMEANOR? YES* NO al substances of any kind? YES* NO	
		MIL	ITARY SERV	VICE	
Are you a \	/ETERAN? □	YES □ NO			
Branch:		Ra	ank at Discha	arge:	
From:		To: _			
Type of Dise	charge:				
If NOT hone	orable, please E	Explain:			

EDUCATION				
HIGH SCHOOL:	CITY / STATE:			
Graduate? ☐ YES ☐ NO Year:				
COLLEGE:	CITY / STATE:			
	EE:			
OTHER.	_ CITY / STATE:			
Year: DEGREE/CERTIFICATION:				
OTHER:	_ CITY / STATE:			
Year: DEGREE/CERTIFICATION:	- <u></u> -			
EMP	LOYMENT			
Employer 1:Company / Individual				
E-Mail:	Phone:			
Address:				
Street Address	Apt/Suite			
City State	Zip Code			
Starting Pay: \$ □ HOUR □ SALARY	Ending Pay: \$ ☐ HOUR ☐ SALARY			
From: To:				
Job Title: Job Respon	sibilities:			
Reason for leaving:				

E-Mail:	Employer 2:Company / I	ndividual			
City State Zip Code					
Street Address	Address:				
Starting Pay: \$	Street Address		Apt/Suite		
From: To: Job Title: Responsibilities: Reason for leaving: Employer 3:	City	State	Zip Code		
Reason for leaving: Employer 3: Company / Individual E-Mail: Street Address: City State City State To: Hour To: Job Title: Responsibilities:	Starting Pay: \$	_ □ HOUR □ SALARY Ending Pay: \$	🗆 HOUR 🗆 SALARY		
Employer 3:	From:	To:			
Employer 3:	Job Title:	Responsibilities:			
Employer 3:					
Employer 3:	Reason for leaving:				
Company / Individual Phone:					
Company / Individual Phone: Phone: Address: Street Address Apt/Suite Zip Code					
Company / Individual Phone: Phone: Address: Street Address Apt/Suite Zip Code Starting Pay: \$ Hour SALARY Ending Pay: \$ Hour SALARY Hour SALARY Salary Salary Hour Salary Sala	Employer 3:				
Address: Street Address Apt/Suite	Company / I	ndividual			
Street Address City State Zip Code Starting Pay: \$ □ HOUR □ SALARY Ending Pay: \$ □ HOUR □ SALARY From: To: Job Title: Responsibilities:	E-Mail:	Phone	e:		
City State Zip Code Starting Pay: \$ □ HOUR □ SALARY Ending Pay: \$ □ HOUR □ SALARY From: To: Job Title: Responsibilities:	Address:				
Starting Pay: \$ □ HOUR □ SALARY Ending Pay: \$ □ HOUR □ SALARY From: To: Job Title: Responsibilities:	Street Address		Apt/Suite		
From: To: Job Title: Responsibilities:	City	State	Zip Code		
Job Title: Responsibilities:	Starting Pay: \$	_ □ HOUR □ SALARY Ending Pay: \$	🗆 HOUR 🗆 SALARY		
	From:	To:			
	Job Title:	Responsibilities:			
Reason for leaving:	Reason for leaving				

REFERENCES (ONLY persons not related to you)					
Full Name:			Relationship:		
Company: _			_ Title:		
E-Mail:			Phone:		
Full Name:	First	Last	Relationship:		
Company: _			_ Title:		
E-Mail:			Phone:		
Full Name:	First	Last	Relationship:		
Company: _			_ Title:		
E-Mail:			Phone:		
	QUALIFICA	ATIONS and SPE	CIAL SKILLS		
Please list the qualifications which you feel make you the best applicant for this position:					

BACKGROUND CHECK CONSENT					
hereby authorize Bucyrus Scouts Inc., dba Camp Michael, or its agents to make investigation of my background, references, character, current and past employment, consumer reports, education, and criminal history information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for the position sought. A copy of this consent shall be considered as valid as the original signed consent form.					
I hereby consent to Camp Michael's verification of all the information I have provided on my application form. I also agree to execute as a condition of placement or a condition of continued placement in said position any additional written authorization necessary for Camp Michael to obtain access to and copies of records pertaining to this information. I hereby release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying Camp Michael and its agents with information it may request pursuant to this release.					
DO YOU CONSENT TO A BACKGROUND CHECK?	ES □ NO				
Signature D	Date				
DISCLAIMER					
In order to ensure this application is acceptable, please print clearly or type with the application being fully completed in order for it to be considered. Please complete each section EVEN IF you decide to attach a resume. Please <i>do</i> attach pages with additional information you wish to be considered. In consideration for being appointed as Groundskeeper/Ranger, I agree to abide by the rules and regulations of Camp Michael as set forth, and instructed, by the Board of Directors, which rules may be changed, withdrawn, added, or interpreted at any time, at the sole option and discretion of the Camp Michael Board of Directors without prior notice to me. Further, at such time as I may receive a conditional offer of appointment, I understand that I may be asked to answer a series of health related questions to additionally determine my suitability for this position, and agree to answer those questions fully and honestly.					
I understand I may resign at any time, just as the Board of Direct or without cause, with or without notice to the other party. Howe Landlord & Tenant Law statutes will apply as separately docume	ever, I also understand that the Ohio				
I understand that any false answers, statements, or misrepresentations by omission, made by me on this application, or any related documents, will be sufficient for rejection of my application or conditional offer of appointment, or for my immediate removal should such falsifications or misrepresentations be discovered after I am appointed					
I, the Applicant, certify that my answers are true and hones	st to the best of my knowledge.				
Signature D	Date				

Printed Name _____