

Other Training or Degrees

School _____ City/State _____

Course _____

Degree or Certificate Earned _____

Professional License or Membership

Type of License Held _____

License Number _____ License Expiration Date _____

You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, ancestry, religion, age, gender, sexual orientation, marital status, national origin, disability, or handicap or veteran status or any other protected status.

PROFESSIONAL EXPERIENCE (List below last three Employers, starting with the most current one)

	Name, Address and Telephone Number Of Former Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				

REFERENCES (Give the names of 3 persons not related to you, whom you have known at least one year)

Name	Address	Phone Number
1.		
2.		
3.		

MISCELLANEOUS INFORMATION

Skills _____

U.S. Military or Naval Service _____ Rank _____

Present Membership in National Guard or Reserves _____

RECORD OF CONVICTION

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?

_____ Yes _____ No If Yes, When, where and nature of offense _____

Information supplied on conviction record will not necessarily bar application from consideration for employment. However, the omission of this information can result in immediate termination of employment.

DECLARATION OF ACCURATE INFORMATION

I agree to comply with all the rules of Camp Soaring Eagle Foundation, Inc. I hereby affirm and declare that all the foregoing statements are true and correct, and that I have not knowingly withheld any fact that would, if disclosed, affect my application unfavorably. I understand that the falsification of any information provided to Camp Soaring Eagle, Inc., including that contained in my employment application, or the failure to accurately disclose information requested will result in a decision not to hire/or termination of employment.

EMPLOYEE AUTHORIZATION OF BACKGROUND INVESTIGATION

I hereby authorize Camp Soaring Eagle Foundation, Inc., by my signature below provide irrevocable consent for an investigation to be conducted and investigative report(s) and/or consumer report(s) to be procured as allowed by law. The investigation shall include but not be limited to credit reports, educational history, employment history, public records including criminal convictions, interviews and other sources of information as allowable by law. If an adverse action will affect me from the results of the consumer or investigative report, I will first be provided with a copy of the report and a summary of my rights under the fair credit report act. This authorization expires 90 days after my departure from employment with Camp Soaring Eagle Foundation, Inc. I hereby unconditionally release Camp Soaring Eagle Foundation, Inc. and any named or unnamed informants from any and all liability resulting from the furnishing of this information.

I have read and understand the above statements.

EMPLOYEE AUTHORIZATION OF PRE-EMPLOYMENT SCREENING(S)

All applicants may be required to complete the IntegriView Applicant Review, as allowable by law. All managerial of corporate applicants may be required to complete the Predictive Index survey, as allowable by law.

DISCLAIMERS

This employment application does not create an employment contract. If applicable in your state, employment-at-will statements prevent applicants from concluding the application or any statements made during the hiring process from an employment contract.

Applicant Signature

Date

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All applicants must sign and date this form

Please return this application by mail, fax or in person to:

**Camp Soaring Eagle
68 Soaring Eagle Parkway
Sedona, AZ 96351**

Telephone: 928-284-9393

Fax: 928-284-9494