

Camp Jacob
2723 Camp Jacob Rd.
Clintwood, VA 24228
(276) 926-8960
info@campjaob.com

CAMP JACOB

General Staff Application

_____ Date of Application

Individuals interested in a staff position at Camp Jacob should complete this application and return it to the address given above. If more space is needed, you may use the back or include an attachment. For questions, please contact the Camp Director.

Last name _____ First name _____ MI _____

Address _____ City _____ State _____

Birth Date (mm/dd/yy) _____ Sex (M or F) _____ Phone (_____) _____ - _____

Home Church: _____ City _____ State _____

Pastor's Name _____ Pastor's Phone (_____) _____ - _____

Desired Position: _____

Please describe any experience you have for the desired position. _____

Are there any known hindrances that may affect your ability to perform the duties for the position desired? If yes, please explain.

List your last three jobs held and the reason for leaving:

a. _____

b. _____

c. _____

Have you been born again? If yes, please share a brief testimony of your conversion. _____

Do you agree with the Camp Jacob Doctrinal Statements? _____

Do you agree to abide with and uphold Camp Jacob's Standards while at Camp Jacob? _____

Please list three non-family references. Include name and telephone number.

In order to ensure the safety of the children at Camp Jacob, we request permission to perform a **Criminal Background Check** on all workers. Please read the following statement and sign below.

I do hereby give permission to the staff of Camp Jacob to use my information to perform a Criminal Background Check.

_____ Signature

_____ Date

(Your Social Security Number is required for this check.) SS# _____