CASCADE LAKE 4-H CAMP

Donnelly, Idaho

<u>www.cascadelake4hcamp.com</u> or <u>contact@cascadelake4hcamp.com</u> Office address: 217 W Georgia Av Suite 100, Nampa, ID 83686 Phone: 208-599-8093

APPLICATION FOR EMPLOYMENT

Date of application	Position	n applied for		
Name				
Last	First		Middle	
Address				
Street		City	State	Zip
Phone	Email			
Date of birth	Driver's license #		Social security #	
•	ires experience in meal preparatio experience in meal preparation and	-		
Position requires the ability to I meet these requirements? If no	ift at least 30 pounds, stand for lon ot, please explain:	ng periods of time a	and physical manual work	. Can you
• •	you, who have a definite knowled			
Linaii address		1 110116		
Name	Type of	Reference		
Email address		Phone		
Name	Type of	Reference		
Email address		Phone		
TO BE READ AND SIGNED B	Y APPLICANT:			
This certifies that this applicat best of my knowledge. I authorize you to make such may be necessary in meeting the to inquiries in connection with my of In the event of employment, I	ion was completed by me and that all of investigations and inquiries of my persposition requirements. I hereby release	sonal employment, m e employers, schools formation given in m	edical history or other related or persons from all liability in y application or interview(s) r	d matters as n responding
	Applicant's sig	nature	 Date	