



CAMP NEW HAPPENINGS NORTHERN INDIANA

Sponsored By
The Episcopal Diocese of Northern Indiana

STAFF APPLICATION

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____
 Street Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Email _____
 Date of Birth _____

EMERGENCY INFORMATION

In case of emergency, contact _____ Relationship _____
 Phone (H) _____ (W) _____ (C) _____

EDUCATION (Please list all high schools and institutions of higher learning that you have attended.)

High School/ Higher Learning Institution	Location	Date of Attendance

MEDICAL HISTORY

Are you in good health? _____
 Do you have any physical limitations? ___ If yes, please explain _____

WORK HISTORY

Please list your past three employers. May we contact your supervisor(s)? ___Yes ___No

Name of Company: _____
 Employment Dates _____
 Reason for leaving _____
 Supervisor name and phone _____

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