

APPLICATION FOR EMPLOYMENT  
SOQUEL CAMP MEETING  
July 14-23, 2016

INSTRUCTIONS:

We start taking applications March 1, 2016. If you are applying for parking, contact Robert Hicks at rhicks1072@yahoo.com. Complete both sides of application and return along with W-4 form to:

Human Resources  
Central California Conference  
P. O. Box 770  
Clovis, CA 93613  
[hr@cccda.org](mailto:hr@cccda.org)  
559-347-3062 fax

EMPLOYMENT QUALIFICATIONS:

1. Must have a current food handler's permit.  
(Must provide copy prior to Camp Meeting)
2. Be 16 years of age or more by July 13, 2016.
3. Provide work permit if under 18 years of age.
4. Live with parent on grounds if under 21 years of age.
5. Provide proof of ability to be employed (form I-9) at 7/13 meeting, if hired.
6. Dress and behave in a modest, conservative manner.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Church Membership \_\_\_\_\_

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No

Are you 18 or more years of age? Yes No

If no, will you be 16 years of age by July 13, 2016 Yes No

Previous Camp Meeting Experience \_\_\_\_\_ Year(s) \_\_\_\_\_

Employment may be available in the following departments:  
(Please indicate order of preference, *i.e.* 1, 2)

Cafeteria	Snack Bar	For Office Use Only	
_____ Application Accepted		_____ Work Permit Received	
_____ I-9 Received		_____ W-4 Form Received	
Approved by _____			

## REFERENCES

Give name, address and telephone number of the following individuals who may be contacted for a written recommendation.

1. Pastor

Name \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

2. School Principal or Teacher

Name \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

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### STATEMENT OF APPLICANT

I have read the employment qualifications and certify that I am eligible to be employed, and that the answers given are true and complete to the best of my knowledge. In the event of employment, I understand that I will be required to abide by all camp meeting and employment regulations.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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### STATEMENT OF PARENT (If applicant is less than 18 years of age)

I have read the employment qualifications and answers provided by the applicant and certify that:

1. The applicant meets the employment qualifications.
2. Answers provided by the application are true and complete to the best of my knowledge.
3. I will be living on the grounds during the entire camp meeting session.
4. I will be responsible for the applicant during camp meeting session.

Date \_\_\_\_\_ Signature of Parent \_\_\_\_\_