

**Heart of Texas Baptist Camp &
Conference Center
Standard Application**

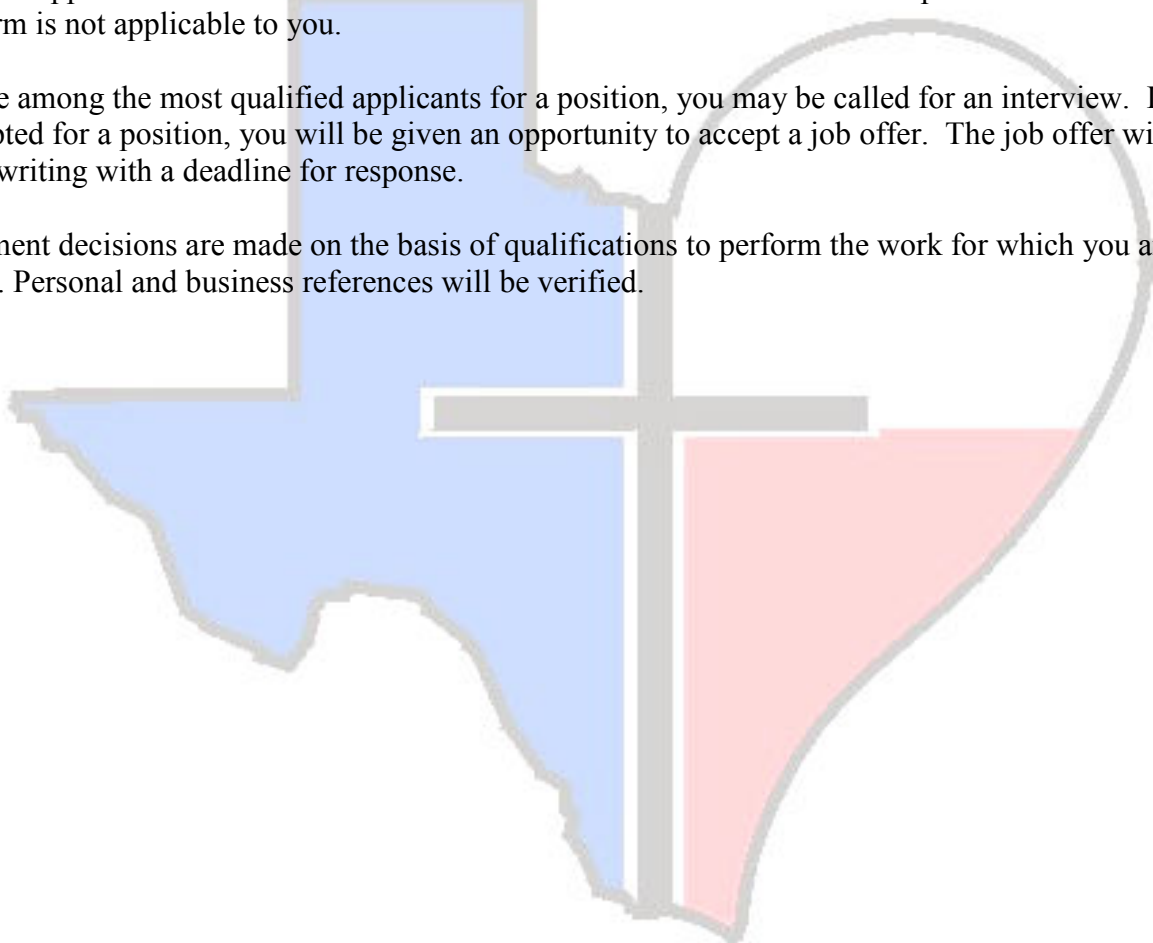
Applicant Instructions

Thank you for your interest in employment with Heart of Texas Baptist Camp. **This sheet is for your information. Please tear it off and keep it for reference. PLEASE READ THE ENTIRE APPLICATION THOROUGHLY!**

Please complete the attached application and authorization for release of information form. Please print or type all information so it may be easily read. Be certain all forms are completely filled out and signed. Incomplete applications will not be considered. Use the abbreviation "N/A" if a particular item or section in the form is not applicable to you.

If you are among the most qualified applicants for a position, you may be called for an interview. If you are accepted for a position, you will be given an opportunity to accept a job offer. The job offer will be made in writing with a deadline for response.

Employment decisions are made on the basis of qualifications to perform the work for which you are applying. Personal and business references will be verified.





8025 N. FM 2125
Brownwood, TX 76801

325-784-5821
info@heartoftexascamp.com

General Application

Personal Data

Name:	Birthday:		
Home Address:	City:	State:	Zip:
Home Phone Number:	Cell:		
Drivers License:	Social Security Number:		

Educational Background

Classification: <input type="checkbox"/> High School	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
Name of School:	Course of Study:

Classification: <input type="checkbox"/> College or Trade School	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
Name of School:	Course of Study:

Church Membership

Current Church:	Are You a Christian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Pastor's Name:	Phone Number:
Church Activities/Ministries you are involved with:	

Employment Desired

Position for which you are applying: _____
 Full Time: _____ Part Time: _____ Why do you want to work at HOTBCCC? _____

Special Skills

List any and all Special Skills (i.e. Professional Licenses and/or Certificates): _____

Additional Training

Describe any training or experiences that you have had that would prepare you for this position: _____

Employment History (please begin with your most recent position)

Employer:	Phone Number:	Supervisor:
Job Title:	Duties Performed:	
Dates Employed: From: To:	Reason for Leaving:	
Personal Rating of your own performance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Employer:	Phone Number:	Supervisor:
Job Title:	Duties Performed:	
Dates Employed: From: To:	Reason for Leaving:	
Personal Rating of your own performance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Employer:	Phone Number:	Supervisor:
Job Title:	Duties Performed:	
Dates Employed: From: To:	Reason for Leaving:	
Personal Rating of your own performance:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Please list 3 Personal References:

Name:		
Relationship to you:		
Address, City, State, Zip:		
Phone Number:		
E-mail Address:		

Name:		
Relationship to you:		
Address, City, State, Zip:		
Phone Number:		
E-mail Address:		

Name:		
Relationship to you:		
Address, City, State, Zip:		
Phone Number:		
E-mail Address:		

Medical Information *** It is very important to carefully complete the following information. ***

Do you have any level of physical limitations? (loss of hearing, diabetes, epilepsy, back trouble, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Do you consider yourself allergic to anything?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you allergic to any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Are you currently taking any kind of medications (prescribed or other)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Have you had any serious illnesses or injuries in the past that we need to be aware of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
Do you have health insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Company:	Policy Number?	

In case of emergency please notify: (List 2 different contacts)

Name:	Relation:	Phone:
Address:	City:	State: Zip:

Name:	Relation:	Phone:
Address:	City:	State: Zip:

Background Check:

Have you ever been accused or convicted of a felony? Yes No

If yes, please describe and give dates:

Have you ever been accused or convicted of a crime in which a child was the victim? Yes No

If yes, please describe and give dates:

Have you ever been criminally charged with a crime related to mistreatment, abuse or molestation of a child? Yes No

If yes, please describe and give dates:

Have you ever been accused with harassment of any person for reasons of sex, race or religion? Yes No

If yes, please describe and give dates:

I certify that the information in this application is true and correct. I promise to abide by all encampment policies and rules. I will maintain a Christian demeanor and an attitude of cooperation remembering that I will be a representative of Heart of Texas Baptist Camp & Conference Center.

I authorize HOTBCCC to obtain information from references, employers and churches listed herein. I also authorize any references, churches or other organizations or employers listed in this application to give HOTBCCC any information, including opinions that they may have regarding my character and fitness for the job I am applying. In consideration of the receipt and evaluation of this application by HOTBCCC, I hereby release HOTBCCC, any individual, church, children's organization, charity, employer, reference, or any other person or organization, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or family, on account of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I understand that HOTBCCC desires to protect its guests and visitors and therefore give my permission for HOTBCCC leadership to conduct a criminal background check and a sex offender background check on me. Results of background checks will remain in your file and will stay confidential.

In the event I am employed, I understand that all employees are subject to termination at the discretion of HOTBCCC. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and if I choose to give proper notice of termination, HOTBCCC may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by HOTBCCC, my compensation (if any), hours of service and all other terms and conditions of employment are subject to modification of change by HOTBCCC at HOTBCCC's discretion.

I authorize HOTBCCC to supply my employment record, in whole or in part, and in confidence, and to give future references, to any prospective or future employer, government agency, or other party, with legal and proper interest therein.

Note: Encampment policy prohibits the use of alcohol, illegal drugs and all tobacco products on the premises. All applicants must be available for a personal interview.

Applicant's Signature _____

Date _____

**Please mail completed application to:
Heart of Texas Baptist Camp
8025 N FM 2125
Brownwood, TX 76801
Phone: (325) 784-5821
Fax: (325) 784-6293**