

APPLICATION FOR EMPLOYMENT - 2025

PLEASE RETURN TO:

Calumet Lutheran Ministries, P.O. Box 236, West Ossipee, NH 03890

It is Calumet's policy that you have two new letters of reference on file for each year you are applying. The Google Form for references can be found by visiting <https://calumet.org/resources/forms>.

NAME: _____ DATE: _____

Home Address (legal address) _____
(street/ mailing address)

(town) _____ (state) _____ (zip code) _____

Telephone: () _____ Cell phone: _____ E-mail: _____

Date of Birth: _____ Social Security Number: _____

Do you have a currently valid Driver's License? Yes _____ No _____

If yes, License # _____ State _____ Exp.Date _____

Do you have any violations or accidents during the past 3 years? _____

If yes, please explain: _____

So that we can provide adequate housing, will you have other family members with you at camp? If so, who? Please give ages of any children: _____

POSITION APPLYING FOR: _____

DATES AVAILABLE TO WORK AT CALUMET: From: _____ To: _____

SALARY DESIRED: \$ _____

HIGH SCHOOLS AND/OR COLLEGES ATTENDED _____ MAJOR _____ GRAD. DATE _____

WORK EXPERIENCE: List your last three jobs or attach a resume. Include workplace phone numbers.

Name of Employer: _____ Phone: () _____

Address: _____

(street/ mailing address)

Your Title:

Dates Employed:

OVER

Name of Employer: _____ Phone: () _____

Address: _____

(street/ mailing address)

Your Title: _____ Dates Employed: _____

Name of Employer: _____ Phone: () _____

Address: _____

(street/ mailing address)

Your Title: _____ Dates Employed: _____

REFERENCES: List two references other than relatives, AND submit two letters of reference with your application.

Name: _____ Occupation: _____

Address: _____ Phone: () _____

Name: _____ Occupation: _____

Address: _____ Phone: () _____

Do you hold a current Red Cross Certificate in the following?

First Aid _____ Expiration Date: _____

Cardiopulmonary Resuscitation _____ Expiration Date: _____

Other: _____ Expiration Date: _____

PLEASE MAIL COPIES OF ALL CERTIFICATIONS WITH THIS APPLICATION

Have you ever been convicted of any crime, including sex-related or child-abuse related offenses? _____

If so, please explain: _____

Do you use any type of tobacco product? _____ If so, which products and with what frequency? _____

The questions on this application have been answered as completely and truthfully as possible. I definitely want to make application for a staff position at Calumet.

Signature _____ Date _____

I hereby authorize Calumet Lutheran Ministries, to request all background materials which may be on file with any agency of any state concerning any criminal record or child abuse reports which may have been made concerning me.

Signature

Date