

# DoD Paintball Camp APPLICATION

*PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

<b>Name and Address</b>		
Name (First, MI, Last)	Social Security Number: Require for background ck.	
Mailing Address:		
City, State, and Zip Code:		
Telephone:	Alternate Phone N/A	
<b>CAN NOT BE UNDER 18 FOR THIS JOB</b>	Email:	
<b>Job Type</b>		
<b>THIS IS ONLY A PART TIME POSITION</b> <i>Normally May thru Aug each summer</i>		
<i><u>Circle your answer Below</u></i>		
Have you ever been employed by this organization in the past?    Yes    No		
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.		Yes    No  Circle your answer
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?	Yes	No
If Yes, please explain:		
Do you have a driver's license?    Yes    No Driver's license number, state and expiration date (put here)_____		
<b>MUST INCLUDE DATE OF BIRTH</b>		



**Military** *Circle your answer*

Have you even been in the Armed Forces? Which Branch:	Yes	No	Date entered
Are you now a member of the National Guard?	Yes	No	Discharge date
Specialty			

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**Work Experience**

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?    Yes    No    Circle your answer

Covid-19 info:

Circle your answer

Vaccinated: Yes No

Booster: Yes No

Date(s) of vaccination(s)

*I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Any other comments or questions for us ? Please list here and if needed on the following blank page.

Additional comments or questions:

