



# APPLICATION FOR EMPLOYMENT Camp Huaco Springs - 2022

4150 RIVER ROAD \* NEW BRAUNFELS, TX 78132

Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. You may drop off the completed form at the above address, email it to [info@camphuacosprings.com](mailto:info@camphuacosprings.com).

## PLEASE PRINT:

NAME (FIRST / MI / LAST):		DATE:
SOCIAL SECURITY #:	HOME PHONE #: (    )	
ADDRESS:	CELL PHONE #: (    )	
CITY/STATE/ZIP:	EMAIL:	

POSITION APPLIED FOR:	LOCATION APPLYING FOR IF KNOWN:
<b>I UNDERSTAND THAT THIS IS SEASONAL / TOURIST-RELATED EMPLOYMENT &amp; IS NOT PERMANENT (INITIAL):</b>	
AFTER MY SEASONAL EMPLOYMENT ENDS I INTEND TO:	<input type="checkbox"/> RETURN TO SCHOOL <input type="checkbox"/> RETURN TO PREVIOUS JOB <input type="checkbox"/> SEEK OTHER EMPLOYMENT <input type="checkbox"/> OTHER _____ (EXPLAIN)
WOULD YOU ACCEPT FULL TIME WORK?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
WOULD YOU ACCEPT PART TIME WORK?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____	
<b>I UNDERSTAND THAT I WILL BE REQUIRED TO WORK HOLIDAYS AND WEEKENDS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?	IF YES, WHAT DATES _____
DO YOU HAVE A LEGAL RIGHT TO BE EMPLOYED IN THE U.S.? _____ (IF YES, PROOF IS REQUIRED)	
ARE YOU OF LEGAL AGE TO WORK?	DATE OF BIRTH: _____
TEXAS DRIVERS LICENSE #:	EXPIRES: _____
DO YOU HAVE A CDL:    YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, ANY ENDORSEMENTS: _____
DO YOU HAVE ANY MOVING VIOLATIONS IN THE PAST 3 YEARS?	
<b>HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>IF YES, PLEASE EXPLAIN:</b> _____	
<small>CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICATE FROM EMPLOYMENT</small>	

<b><u>EDUCATIONAL BACKGROUND</u></b>			
DID YOU ATTEND HIGH SCHOOL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DID YOU GRADUATE?    YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU HAVE A COLLEGE DEGREE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
IF NOT, WHAT IS YOUR CLASSIFICATION,?	Freshman <input type="checkbox"/>	Sophomore <input type="checkbox"/>	Junior <input type="checkbox"/> Senior <input type="checkbox"/>
NAME AND LOCATION OF COLLEGE? _____			

**PREVIOUS EMPLOYERS AND ADDRESSES**

COMPANY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ DATES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_ DATES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

POSITION: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

IN CASE OF AN EMERGENCY WHO SHALL WE CONTACT? \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE#: \_\_\_\_\_ PHONE#2: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? YES  NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES  NO

**REFERENCES MAY BE REQUIRED UPON REQUEST.**

I WAS REFERRED BY (Last, First Name): \_\_\_\_\_

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. All positions are seasonal.  
I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**FOR DEPARTMENT PERSONNEL ONLY**

HIRED: YES  NO  DATE OF HIRE: \_\_\_\_\_

INTERVIEWER \_\_\_\_\_ HOURLY RATE \_\_\_\_\_ DEPT \_\_\_\_\_

COMMENTS: