

If hired, do you have family members that will accompany you at camp? Please list all family member and any accommodations they will need while at camp.

Availability (please circle one): 12 hour day shift 12 hour night shift No Preference

REFERENCES

Please provide the name, relation, and phone # of your required references; Your reference must be professional. If you would like to send additional references, they may be personal or professional

Name	Relationship	Phone #

1. In the last seven years, have you had any license, certificate or employment; suspended, revoked, terminated or adversely affected? No ____ Yes ____

If yes, provide a full description including dates and circumstances: _____

2. In the last seven years, have you been convicted of a felony or misdemeanor? No ____ Yes ____

If yes, provide a full description including dates and circumstances: _____

(Answering yes will not necessarily be a bar to employment and will be considered in relationship to the position for which you are applying)

I certify that all the information on this application, my resume, or any supporting documents is correct, and I understand that any misrepresentation or omission of any information will result in disqualification from consideration for employment or, if employed, my termination. I also understand that if submitting this application online, that submitting will constitute my authorizing signature.

I understand that this application is not a contract, offer or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, MedCamps of Louisiana can terminate my employment at any time, with or without reason.

I authorize MedCamps of Louisiana or its agents to investigate all statements contained in this application and/or resume including any checks of criminal records, and release the camp and all others from liability in connection with same. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status.

Applicant Signature _____ Date _____