Elks Camp Grassick

PO Box F

Dawson, ND 58428

701-327-4251

	Gender:
Nickname or Preferred Name:	m at t . at
	T-Shirt Size:
Social Security Number:	(Can be supplied after hire if preferred.)
Date of Birth:	-
Address:	
City:	_ State: Zip:
Telephone: Home:	Cell:
Email:	
Emergency Contact:	
Contact Name:	Relationship to Applicant:
Address:	
Home Phone:	Cell Phone:
If this is your first time applying, how did	you hear about Elks Camp Grassick?

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REFERENCES

If this is your first time applying, please provide two personal or professional references (other than relatives).

man relatives).				
Name:	Position:			
Address:				
City:	State:	Zip:		
Telephone:	Cell:	Cell:		
E-Mail:				
Name:	Position:			
Address:				
City:	State:	Zip:		
Telephone:	Cell:			
Email:				
PRE	EVIOUS EMPLOYMENT	7		
Please list your current or most rece	nt previous employer:			
Place of Employment:	Positi	on:		
Supervisor:	Position:			
Address:				
City:	State:	Zip:		
Telephone:	Cell:			
Responsibilities:				
Dates of Employment:	Reason for Leav	ing:		

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SKILLS AND QUALIFICATIONS		
Please complete this section if you are applying for the first time.		
What experience do you have related to the position you are applying for?		
What skills or qualities do you have that would make you an asset to Elks Camp Grassick?		
Is there anything else you would like to add?		
Signing this document gives permission for Elks Camp Grassick to contact references ar perform a criminal background check.	ıd	
Signature: Date:		