

Mount Carmel Ministries
PO Box 579, Alexandria, MN 56308
320-846-2744
MountCarmelMinistries.com
E-mail: suzy@mountcarmelministries.com



Kitchen Application

PERSONAL INFORMATION:

Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Social Security Number: _____

Driver's License Number Or Identification Number: _____
State: _____

Sex: Male / Female Birthdate: _____ / _____ / _____

Are you of legal age to seek employment in the United States (circle)? YES / NO

If employed, can you provide proof of U. S. Citizenship (circle)? YES / NO

Position applying for: _____ Dates available for
employment: _____

EDUCATION:

Last School or College
Attended: _____

Present Level or Last Completed Level: _____

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EMPLOYMENT HISTORY: List most recent employment first.

Employer:	Position:	Dates of Employment:	Supervisor's Name:	Employer's Address & Phone Number:
1)				
Duties:				
2)				
Duties:				
3)				
Duties:				

Have you ever previously worked at a camp? Yes / No If yes, where: _____

Do you have any impairment that might limit or affect your performance of any and all activities on the job? Yes / No If yes, please describe: _____

KITCHEN/FOOD SERVICE RELATED SKILLS

Please list any experience, skills, and interests that would benefit the kitchen position for which you are applying.

Please list any activities that you are not willing to participate in for the position for which you are applying.

INTERESTS:

Please describe ways you like to spend your free time:

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Describe something you've accomplished that really gave you a sense of accomplishment:

Describe something that you tried and failed at, and how you responded:

REFERENCES:

List three references, please no relatives or classmates.

Name:	Address:	Telephone Number:	Your Relationship to person:	How long has this person known you:
1)				
2)				
3)				

Have you ever been fired from a job? Yes / No If yes, what was the reason: _____

I understand this is a seasonal/on call position with hours based on guest usage needs.

By signing this application, you are also giving permission for a background check to be run on you.

Applicant's Signature: _____ Date: _____
