

EXXONMOBIL
BERNARD HARRIS SUMMER SCIENCE CAMP 2009
APPLICATION FOR EMPLOYMENT

General Information

Instructions: Please type or print in blue or black ink.

Name _____

Social Security # _____ Phone () _____

Fax () _____ E-mail _____

Address _____

City/State/Zip _____

Position Applied for _____

Special training or skills: (languages, computer applications, etc.) that would be of benefit in the job for which you are applying: _____

Would you be available to work July 7-19, 2002? _____ Yes _____ No

Have you ever been convicted of a felony or misdemeanor? Yes No If yes please explain

(Pre-employment background inquiry release is required)

Educational Background

High School:

Name and location _____

Course of study _____ Did you graduate? Yes No Date _____

College:

Name and location _____

Course of study _____ Did you graduate? Yes No Date _____

Graduate School:

Name and location _____

Course of study _____ Did you graduate? Yes No Date _____

Previous Employers and Addresses

Place an by the employer(s) you do not want us to contact. List the most recent employer first.

1. Company Name _____

Contact Name _____ Phone () _____

Address _____

Employed From _____ To _____ Last Wage _____

Position _____ Reason for Leaving _____

2. Company Name _____

Contact Name _____ Phone () _____

Address _____

Employed From _____ To _____ Last Wage _____

Position _____ Reason for Leaving _____

3. Company Name _____

Contact Name _____ Phone () _____

Address _____

Employed From _____ To _____ Last Wage _____

Position _____ Reason for Leaving _____

4. Company Name _____

Contact Name _____ Phone () _____

Address _____

Employed From _____ To _____ Last Wage _____

Position _____ Reason for Leaving _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CAMP'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH CAUSE, AND WITH NOTICE, AT ANY TIME, AT EITHER MY OR THE CAMP'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CAMP.

Applicant's Signature _____ Date _____

**EXXONMOBIL
BERNARD HARRIS SUMMER SCIENCE CAMP
APPLICANT REFERENCE**

Applicant's Name _____

Applicant's Home Phone #:(_____) _____

Applying for position as: _____

I ALLOW THE RELEASE OF THE INFORMATION BELOW.

Signature of Applicant _____

The above named person has applied for a position in the Bernard Harris Summer Science Camp. Because the applicant will be working with children, ages 11-15, it is important that we have a clear picture of the applicant's abilities, personality and background. Please circle the number on the scale, which best represents the qualities you have observed in the applicant. Please make comments in the space provided. Additional information may be attached on a separate piece of paper, also, if desired. References that list all superior ratings will generally be disregarded unless thorough justification is given under "comments". All information given is confidential.

	Superior		Average		Poor	Unobserved
	1	2	3	4	5	N/O
1. Initiative Comments: _____						
2. Self Confidence Comments: _____						
3. Cooperativeness Comments: _____						
4. Honesty Comments: _____						
5. Leadership Ability Comments: _____						
6. Enthusiasm Comments: _____						
7. Reliability/Dependability Comments: _____						
8. Resourcefulness/Creativity Comments: _____						

A9. Maturity	1	2	3	4	5	N/O
Comments: _____						
10. Ability to accept criticism	1	2	3	4	5	N/O
Comments: _____						
11. Responsibility	1	2	3	4	5	N/O
Comments: _____						
12. Punctuality	1	2	3	4	5	N/O
Comments: _____						
13. Physical Stamina	1	2	3	4	5	N/O
Comments: _____						
14. Sensitivity	1	2	3	4	5	N/O
Comments: _____						
15. General appearance	1	2	3	4	5	N/O
Comments: _____						

How long have you known the applicant? _____
 In what capacity have you known the applicant? _____
 If past employer, was the individual eligible for re-hire? _____
 Would you employ the applicant for a position of responsibility with children? Why?
 Why not? _____

Any additional comments? _____

Thank you for your time in completing this form. This applicant will not be considered until all references have been received. PLEASE RETURN TO THE ADDRESS BELOW AS SOON AS POSSIBLE.

Your name _____
 Occupation _____
 Complete address _____

If we have any additional questions, may we contact you? Yes__ No__
 Phone # (____) _____ Best time to call? _____

Signature of Reference _____ Date _____

RETURN TO: