



EMPLOYMENT APPLICATION

Lone Oak requires a pre-employment drug test.

Lone Oak Campsites
 P.O. Box 640
 E. Canaan, CT 06024
 (860) 824-7051
 Fax (860) 824-1585

[Office Use]

Please print

Last name	First name	Middle name	Social Security number
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Street address	Home phone	E-mail Address:
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City	State	Zip code	Have you ever been employed by Lone Oak? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" From: ___/___/___ To: ___/___/___
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Are you eligible for employment in this country?	Position Applied For:	Employment Desired <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	Hours Available From To	M	T	W	T	F	S	S
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Skills & Qualifications - do you have any skills, licenses or certificates that may qualify you as being able to perform job related functions in the position you applied for:

Time Clock Pin Number Requested:
 Enter 4 Digits Here:

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with Lone Oak policy. I authorize the references and supervisors listed at left to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of Lone Oak. I understand that I will be an employee "at will" and either Lone Oak or I may terminate my employment relationship at any time with or without notice for any reason not violative of the law.

Education:	School	Major	# of years
College			
High School			
Other			

Employment History:	Company name	Supervisor	Phone #	Contact Supervisor?	Dates Worked	Ending Pay
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

Signature _____
 Date _____

Drug Test Authorization Form

Lone Oak Campsites
360 Norfolk Road
East Canaan, CT 06024

I: _____ SS#: _____
(Print Name)

Have been offered a position at Lone Oak Campsites.

I realize that I must be medically qualified for this position. My future employer maintains a drug free workplace and will perform all substance abuse testing allowed by State and Federal law. In order to fully qualify medically for my new position, I must receive a negative drug test result. A positive result or a substituted result will render me medically unqualified for the position that I have been offered. As a consequence, the employment offer will be withdrawn.

A urine-based test will be used which will test for the following five substances; Marijuana, Cocaine, Opiates, Amphetamines and Methamphetamines. If you receive a positive result and feel it has been caused by prescription medication you are taking, you may authorize us to contact your doctor for confirmation. If the prescribing physician certifies that the positive test result could be caused by a medication he or she has prescribed for you, the positive test result will be treated as if it had been negative.

All tests will be done on site so that the results will be seen immediately. If a positive result is found, you will have an opportunity to have your specimen sent to Western Slope Laboratory, an independent laboratory using LC/MS/MS technology, for further analysis.

In all cases, you may request a copy of the test results. Additional copies will be retained by the prospective employer, and the laboratory.

Signature: _____ Date: _____