

Employment Application

Outdoor & Retreat Ministries, Northern Illinois Conference of the United Methodist Church

ORM Regional Office
200 Stam Street
Williams Bay, WI 53191
262-245-6706
orm@niccamp.org

Reynoldswood Christian Camp
621 Reynoldswood Rd
Dixon, IL 61021
815-284-6979
director@reynoldswood.org

Wesley Woods Conference Center
250 Stam Street
Williams Bay, WI 53191
262-245-6631
orm@niccamp.org

CONTACT & POSITION

Full Name: _____

Address: _____ City/State/Zip: _____

Primary Phone: _____ Secondary Phone: _____

e-Mail: _____ Text #: _____

Desired Position: _____

Desired Location: Regional Office Reynoldswood Site Wesley Woods Site

Can you perform the essential functions of the job with or without reasonable accommodations? . . . Yes No

Do you have a reliable method of transportation to arrive at work on time whenever scheduled? . . . Yes No

EDUCATION

What is the highest grade and/or degree of education that you have completed/earned? _____ / _____

High School: _____ From: _____ to _____

City, State: _____ Extra Curr: _____ Diploma: _____

Trade School: _____ From: _____ to _____

City, State: _____ Major: _____ Diploma: _____

College: _____ From: _____ to _____

City, State: _____ Major: _____ Diploma: _____

College: _____ From: _____ to _____

City, State: _____ Major: _____ Diploma: _____

Other: _____ From: _____ to _____

City, State: _____ Major: _____ Diploma: _____

CERTIFICATIONS & LICENSES

List current certifications for First Aid, CPR, Lifeguard, Outdoor Skills and/or professional licenses.

Certification: _____ Expires: _____

Certification: _____ Expires: _____

Certification: _____ Expires: _____

Certification: _____ Expires: _____

Your Full Name: _____

Today's Date: _____

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WORK EXPERIENCE - Start with your present or most recent position.

Firm: _____ Employed from: _____ to _____
Firm's Phone Number: _____ Salary: _____ Hourly Weekly Monthly Yearly
Address: _____ Position Title: _____
City/State/Zip: _____ Supervisor: _____
Type of Work: _____

Why leaving / left: _____

May we contact this employer? Yes No If not, why not? _____

Firm: _____ Employed from: _____ to _____
Firm's Phone Number: _____ Salary: _____ Hourly Weekly Monthly Yearly
Address: _____ Position Title: _____
City/State/Zip: _____ Supervisor: _____
Type of Work: _____

Why leaving / left: _____

May we contact this employer? Yes No If not, why not? _____

Firm: _____ Employed from: _____ to _____
Firm's Phone Number: _____ Salary: _____ Hourly Weekly Monthly Yearly
Address: _____ Position Title: _____
City/State/Zip: _____ Supervisor: _____
Type of Work: _____

Why leaving / left: _____

May we contact this employer? Yes No If not, why not? _____

Your Full Name: _____

Today's Date: _____

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CAMP EXPERIENCE - Start with your present or most recent experience.

Camp: _____ From: _____ to _____

City, State: _____ Camper, or Position: _____

Describe Your Experience: _____

Camp: _____ From: _____ to _____

City, State: _____ Camper, or Position: _____

Describe Your Experience: _____

Camp: _____ From: _____ to _____

City, State: _____ Camper, or Position: _____

Describe Your Experience: _____

PERSONAL QUALIFICATIONS

List your personal skills, experiences or qualifications that would help you perform the tasks for which you are applying:

Why would you like to work for Outdoor and Retreat Ministries?

Your Full Name: _____

Today's Date: _____

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BACKGROUND

Please check "Yes" or "No" as appropriate for each question:

Is there any reason that you may be prohibited from working with children? Yes. . No

Are there any facts or circumstances involving you or your background that would call into question our entrusting you to supervise, guide or care for children or youth? Yes. . No

Explain any and all "Yes" answers:

(Use additional paper if necessary)

REFERENCES

Complete for 3 persons—who are NOT relatives—who have knowledge of your character, experience and abilities.

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Name: _____ Phone: _____

Address: _____ City/Zip: _____

Name: _____ Phone: _____

Address: _____ City/Zip: _____

By my signature and initials placed below, I certify that the information provided in this employment application (and accompanying résumé, if any) is true and complete, and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. I agree to immediately notify the Northern Illinois Conference if I should be convicted of any crime while my job application is pending, or during my period of employment, if hired.

_____ Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time. I understand that no person is authorized to change any of the terms mentioned in this employment application form.

_____ Initials

Signature: _____ Date: _____