



# UNITED CAMPS, CONFERENCES & RETREATS

## Employment Application

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An Equal Opportunity Employer

### Please Print

\_\_\_\_\_

Date Last Name First Name Middle

### Present Address

\_\_\_\_\_

Number and Street City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Business Phone Home Phone Cell Phone

### Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for: Regular Full Time Work \_\_\_\_\_ Regular Part Time Work \_\_\_\_\_ Temp/Seasonal Work \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

Are you available to work on weekends? \_\_\_\_\_ Are you available to work overtime if necessary? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available? From: \_\_\_\_\_ To: \_\_\_\_\_

Do you prefer/require a specific work location? \_\_\_\_\_ Are you willing to live on site? \_\_\_\_\_

If hired, what date can you start work? \_\_\_\_\_ Salary desired: \_\_\_\_\_

### Personal Information

Have you applied to, or worked for UCCR before? \_\_\_\_\_

If yes, when? \_\_\_\_\_ At which location(s)? \_\_\_\_\_

Why are you applying to work at UCCR? \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state nature of the crime, when and where convicted, and disposition of the case:

\_\_\_\_\_

If hired, do you have a reliable means of transportation to and from work? \_\_\_\_\_

If under age 18, can you supply a work permit? \_\_\_\_\_

If hired, can you present evidence or proof of legal right to live and work in this country? \_\_\_\_\_

## Personal Information (Cont)

Do you have any relatives who are currently working at UCCR? \_\_\_\_\_

If yes, provide names: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you're applying, either with or without reasonable accommodation? \_\_\_\_\_ If no, describe the functions that cannot be performed:  
\_\_\_\_\_

## Education, Training, and Experience

**High School** \_\_\_\_\_ Did you graduate? \_\_\_\_ Degree or Diploma \_\_\_\_\_  
Name \_\_\_\_\_

Address \_\_\_\_\_

**College/ University** \_\_\_\_\_ Did you graduate? \_\_\_\_ Degree or Diploma \_\_\_\_\_  
Name \_\_\_\_\_

Address \_\_\_\_\_

**Vocational/ Military** \_\_\_\_\_ Did you graduate? \_\_\_\_ Degree or Diploma \_\_\_\_\_  
Name \_\_\_\_\_

**Health Care** \_\_\_\_\_ Did you graduate? \_\_\_\_ Degree or Diploma \_\_\_\_\_  
Name \_\_\_\_\_

**Camp/ Retreat** \_\_\_\_\_ Did you graduate? \_\_\_\_ Degree or Diploma \_\_\_\_\_  
Name \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at UCCR? If so, please explain \_\_\_\_\_  
\_\_\_\_\_

Please list any machines or equipment that you are experienced and qualified to operate: \_\_\_\_\_  
\_\_\_\_\_

## Employment History

List below all present and past employment starting with your most recent employer (last ten years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. If an additional page is needed, please attach to this application when submitting.

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) Telephone number

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ Wage: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your position and duties

Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference? Yes \_\_\_\_ No \_\_\_\_

If no, why not? \_\_\_\_\_

## Employment History (Cont)

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) Telephone number  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address & Street City State Zip  
Dates of Employment: \_\_\_\_\_ Wage: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your position and duties  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, why not? \_\_\_\_\_

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) Telephone number  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address & Street City State Zip  
Dates of Employment: \_\_\_\_\_ Wage: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your position and duties  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, why not? \_\_\_\_\_

\_\_\_\_\_  
Name of Employer (\_\_\_\_\_) Telephone number  
\_\_\_\_\_  
Type of Business Your Supervisor's Name  
\_\_\_\_\_  
Address & Street City State Zip  
Dates of Employment: \_\_\_\_\_ Wage: \_\_\_\_\_  
From To Starting Ending

\_\_\_\_\_  
Your position and duties  
Reason for leaving: \_\_\_\_\_  
May we contact this employer for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, why not? \_\_\_\_\_

**References**

\_\_\_\_\_  
**Name** (\_\_\_\_\_) Telephone Number  
Occupation: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
**Name** (\_\_\_\_\_) Telephone Number  
Occupation: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_  
Relationship: \_\_\_\_\_

\_\_\_\_\_  
**Name** (\_\_\_\_\_) Telephone Number  
Occupation: \_\_\_\_\_ Number of years acquainted: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph, and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize UCCR to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to UCCR any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release UCCR, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and UCCR. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or UCCR, and that no promises or representations contrary to the foregoing are binding on UCCR unless made in writing and signed by me and UCCR's President/CEO.

\_\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_ I understand that as a condition of employment, UCCR will conduct a criminal background investigation, and I will be required to submit fingerprints to the appropriate state agency. I further understand that UCCR may receive subsequent arrest information if there are future arrests and convictions. I also understand that UCCR will conduct a search of the sexual offender registry.

\_\_\_\_\_ I understand and agree that overtime work may be required by me.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_