



UNITED CAMPS, CONFERENCES & RETREATS

Employment Application

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: _____