



Outdoor & Retreat Ministries

200 Stam St., Williams Bay, WI 53191

P: 1-800-NICCAMP, F: (262)245-1446

Email: orm@niccamp.org, Website: www.niccamp.org

Employment Application

Full Name: _____ Today's Date: ___/___/___ Email: _____

Home Address: _____ Social Security #: _____

City/State/Zip: _____ Home Phone: (____)____ - _____

Name of School Attending: _____ School Phone: (____)____ - _____

Position Applying For: _____ **Check:** Program/ORM Reynoldswood Wesley Woods

Gender: Male Female

Ethnic Background (circle): Under Annual Conference direction, please circle the following information on your ethnic background or state combined ethnicity: Asian Hispanic African American

Native American Caucasian Other/Combination: _____

Work Experience: (Please start with your present or last position)

Firm: _____ Address: _____

Type of Work: _____ Firm's Phone Number:(____)____ - _____

Position Title: _____ Salary: _____ weekly, monthly, yearly

Supervisor: _____ Employed from _____ to _____

What did you like most about your job: _____

What did you like least about your job: _____

If you left your job, list the reason(s) for leaving: _____

Firm: _____ Address: _____

Type of Work: _____ Firm's Phone Number:(____)____ - _____

Position Title: _____ Salary: _____ weekly, monthly, yearly

Supervisor: _____ Employed from _____ to _____

What did you like most about your job: _____

What did you like least about your job: _____

If you left your job, list the reason(s) for leaving: _____

Firm: _____ Address: _____
 Type of Work: _____ Firm's Phone Number:(_____) _____ - _____
 Position Title: _____ Salary: _____ weekly, monthly, yearly
 Supervisor: _____ Employed from _____ to _____
 What did you like most about your job: _____

 What did you like least about your job: _____

 If you left your job, list the reason(s) for leaving: _____

Firm: _____ Address: _____
 Type of Work: _____ Firm's Phone Number:(_____) _____ - _____
 Position Title: _____ Salary: _____ weekly, monthly, yearly
 Supervisor: _____ Employed from _____ to _____
 What did you like most about your job: _____

 What did you like least about your job: _____

 If you left your job, list the reason(s) for leaving: _____

Please check the number(s) of any above employers you do not wish contacted: 1 2 3 4

Camp Experience (List any camps you have attended as a camper or worked at as staff):

Camper/Staff: Camp Name, Location, Date(s)

Personal Qualifications:

Please list any skills, experiences or qualifications that would help you perform the tasks for which you are applying:

Our camps are in an outdoor setting. Staff are required to function independently and are entrusted with the care of a group of children or guests whose health and welfare are your primary responsibility. Do you have any impairments, physical, mental, or health conditions which would restrict your ability to perform the job for which you have applied? If so, what are they? _____

What is your work philosophy? _____

Education Background

Please indicate highest grade completed: **High School** 9 10 11 12 **College** 1 2 3 4 5 **Graduate** 1 2 3 4 5

Name of Colleges/Universities or other institutions of higher learning you have attended:

Name: Location: Dates Attended: Diploma Granted:

Licenses and Certifications (List any current certifications for first aid, CPR, lifeguard, outdoor skills and /or other professional licenses. Please give expiration date):

Current driver's license number: _____ **State:** _____

Have you ever been convicted of any criminal offense? Yes No

Have you ever been charged with or convicted of child neglect or abuse? Yes No

Have any complaints or allegation of misconduct involving children ever been made against you? Yes No

Have you been convicted of the possession, use or sale of drugs? Yes No

Within the past 30 days have you abused alcohol, legal or illegal drugs? Yes No

Have you been convicted or pleaded guilty to a traffic offense within the last 3 years? Yes No

Please explain fully any YES answers to the above questions. In addition to the above, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of children/youth? (use additional page if necessary):

Why would you like to work for Outdoor and Retreat Ministries, Reynoldswood or Wesley Woods?

What is your philosophy on life: _____

References (Give names and addresses including street, city, zip and phone number of 3 persons (not relatives) who have knowledge of your character, experience and abilities):

Name: Address: City/Zip: Phone:

The information that I have provided may be verified by contacting persons or organizations that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organizations that provides information, and this release may be sent to any reference. I also agree to hold harmless the Outdoor and Retreat Ministries or the Northern Illinois Conference of the United Methodist Church, its officers, employees, and volunteers thereof from any use of this application or information. I certify that the information I have provided is true and correct; if it is found that the answers given are untrue, I understand it may be cause for dismissal.

Signature: _____ Date: _____

**AUTHORIZATION FOR BACKGROUND CHECK
NORTHERN ILLINOIS CONFERENCE UNITED METHODIST CHURCH
OUTDOOR & RETREAT MINISTRIES**

() Required Fields*

Church Name Church Number

Church Contact Person Phone

*(Print) First Middle Last

*Maiden name (if applicable):

Other Names Used:

(Including names not used but appear on Birth Certificate or Social Security Card)

*Social Security Number:

*Current Address:

*City: *State: *Zip:

Home Phone: _____ Cell Phone _____

*Date of Birth: (MM/DD/YYYY) Place of Birth:

(Date of Birth information is used ONLY for verification of identity)

Reference Code (Church ID #):

Comments:

IF REQUESTING MVR CHECK

*Name as appears on Drivers License:

*Driver's License Number State Expiration:

List each address at which you have resided in the last five years

Address 1: City:

State: Zip County:

Address 2: City:

State: Zip County:

Address 3 : City:

State: Zip County:

Personal Disclosure:

- Have you ever been convicted of any criminal offense? Yes No
- Have you ever been charged with or convicted of child neglect or abuse? Yes No
- Have any complaints or allegation of misconduct involving children ever been made against you? Yes No
- Have you been convicted of the possession, use or sale of drugs? Yes No
- Within the past 30 days have you abused alcohol, legal or illegal drugs? Yes No

Please explain fully any YES answers to the above questions. In addition to the above, are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of children/youth? (use additional page if necessary):

The information that I have provided may be verified by contacting persons or organizations that may have information concerning me. I hereby authorize the Northern Illinois Conference or their authorized representatives bearing this release, to obtain and release any information pertaining to my background, regarding any record of charges or convictions or convictions in its files or in any criminal file maintained on me, whether said file is a local, state or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law.

I hereby fully release and agree to hold harmless from liability any person or organizations that provides information, and such disclosure made in response to this request. I also agree to hold harmless the Northern Illinois Conference of the United Methodist Church, its officers, employees, and volunteers from all claims and damages arising out of or relating to any investigation of my background or use of this form or information.

I certify that the information I have provided is true and correct; if it is found that the answers given are untrue, I understand it may be cause for dismissal if employed or removal from working with children as a volunteer.

Signature of Applicant

Date

Background Check Requested:

PACKAGE: *(instant turnaround time)*

- | | | | |
|--------------------------|--|-----------|---------|
| <input type="checkbox"/> | InstaCheck Identity Screening | Automatic | \$ 1.00 |
| <input type="checkbox"/> | National Criminal Search/Sex Offender Registry | | \$ 4.00 |

-
- | | | | |
|--------------------------|--|--|----------|
| <input type="checkbox"/> | County Criminal Records Search | | \$12.50 |
| <input type="checkbox"/> | Federal Criminal Records Search | | \$12.50 |
| <input type="checkbox"/> | Statewide Criminal Records Search (per state) | | \$12.50 |
| <input type="checkbox"/> | Driving Record (per state) (instant turnaround time) | | \$ 4.50* |

TOTAL:

* (Please see PeopleWise MVR Turnaround Times of additional state fee

Additional **\$12.00** for state of Illinois)

For official use only:

Date Received: _____ Date Background information sent: _____

Date Information was returned: _____ Date Filed: _____

[] No Restrictions Comments: _____

Local Church Contact: _____ Date: _____

Church Billed [] Date Church Paid [] Date Amount \$

REFERENCE FORM OUTDOOR AND RETREAT MINISTRIES

_____ has applied to be part of the _____ staff. Your name has been suggested as a reference for the above named person. Your prompt response on this form would be helpful. (If you need more space for additional comments, please use back of this form.)

1. What is your relationship to the applicant? _____

2. How long have you known this person? _____

3. How well do you know the applicant?

Very Well	Rather	Well	Casually	Not Well

4. In your opinion, what is the applicant's relationship with God? _____

5. How does the applicant (please check the box that applies):

	Very Well	Well	Average	Below Avg	Poorly
	1	2	3	4	5
a. Respond to authority?					
b. Respond to discipline?					
c. Get along with coworkers?					
d. Deal with conflict?					

6. If you had a child of camp age, how would you feel about having him/her spend seven to fourteen days (please check the one that applies):

	Positive	Comfortable	So-So	Concerned
	1	2	3	4
a. With the applicant as his/her live-in counselor?				
b. With the applicant being his/her example?				
c. With the applicant being his/her spiritual leader?				
d. With your child coming home duplicating the applicant's mannerisms?				

7. Do you have any reservations about the applicant's moral integrity? _____

8. To your knowledge, has the applicant any emotional problems? _____

9. To your knowledge, has this person been charged with a child abuse, or any form of sexual misconduct? _____

10. Knowing the applicant as you do, to what extent would you encourage us to accept him/her as a staff member?

Enthusiastically	Willingly	Questionably	Not at all

Print Your Name: _____

Position: _____

Signature: _____

Date: _____

Phone Number: (____) _____ [] Please give me a call.