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 hr@niccamp.org

Your Full Name: _____

Reynoldswood Christian Camp 621 Reynoldswood Rd Dixon, II 61021 815-284-6979 director@reynoldswood.org Wesley Woods Conference Center 250 Stam Street Williams Bay, WI 53191 262-245-6631 hr@wesleywoodsretreats.org

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Today's Date: _____

| CONTACT & POSITION | | | |
|---------------------------------------|---|-----------------------------|--|
| Full Name: | | | |
| | City/State/Zi | p: | |
| Primary Phone: | Secondary Phone: | | |
| e-Mail: | Text #: | | |
| Desired Position: | | | |
| Desired Location: ☐ Regional | l Office □ Reynoldswood Site □ Wesl | ey Woods Site | |
| Can you perform the essential fur | nctions of the job with or without reasonable a | accommodations? □ Yes □ No | |
| Do you have a reliable method of | transportation to arrive at work on time when | never scheduled? □ Yes □ No | |
| EDUCATION | | | |
| LDUCATION | | | |
| What is the highest grade and/or | degree of education that you have completed | d/earned? | |
| | | | |
| | From: | | |
| 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: | | Diploma: | |
| | | | |
| CERTIFICATIONS & LICENSES | | | |
| CERTIFICATIONS & LICENSES | | | |
| List current certifications for First | Aid, CPR, Lifeguard, Outdoor Skills and/or pr | rofessional licenses. | |
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| | | | |
| | | | |
| Certification: | | Expires: | |
| | | Expires: | |

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| Work Experience - Start with your present or most recent position. | | | | |
|--|-------------------------------------|-----------------------|------------------|--|
| Firm: | Salary: Position Title: Supervisor: | to □Hourly □Weekly | □Monthly □Yearly | |
| May we contact this employer? □ Yes □ | | | | |
| Firm: | Salary: Position Title: Supervisor: | to □Hourly □Weekly | □Monthly □Yearly | |
| Why leaving / left: | | | | |
| Firm: | Salary: Position Title: | to □Hourly □Weekly | | |
| Type of Work: | | | | |
| May we contact this employer? □ Yes □ | No If not, why not? | | | |

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| CAMP EXPERIENCE - Start with your present or most recent experience. | | | | |
|--|--|--------------------------------------|--|--|
| Camp: | From: | to | | |
| | Camper, or Position: | | | |
| Describe Your Experience: | | | | |
| | | | | |
| | | | | |
| Camp: | From: | to | | |
| | ☐ Camper, or Position: | | | |
| | | | | |
| | | | | |
| | | | | |
| Camp: | From: | to | | |
| | □ Camper, or Position: | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| PERSONAL QUALIFICATIONS | | | | |
| List your personal skills, experiences o | r qualifications that would help you perform t | he tasks for which you are applying. | | |
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| Why would you like to work for Outdoor | r and Retreat Ministries? | | | |
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| | | | | |

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| BACKGROUND | |
|--|---|
| | |
| Please check "Yes" or "No" as appropriate for each question | 1: |
| Is there any reason that you may be prohibited from working Are there any facts or circumstances involving you or your binto question our entrusting you to supervise, guide or care | packground that would call |
| Explain any and all "Yes" answers: | |
| | |
| | |
| | |
| | |
| (Has additional n | aper if necessary) |
| (Use additional p | aper ii necessary) |
| REFERENCES | |
| Complete for 3 persons—who are NOT relatives—who have | e knowledge of your character, experience and abilities. |
| Name: | Phone: |
| | City/Zip: |
| Name: | Phone: |
| | City/Zip: |
| Name:Address: | Phone: City/Zip: |
| | |
| accompanying résumé, if any) is true and complete, and I u may disqualify me from further consideration for employmen | e information provided in this employment application (and nderstand that any false information or significant omissions t, and may be justification for my dismissal from employment, e Northern Illinois Conference if I should be convicted of any od of employment, if hired. Initials |
| my employment is for no definite period of time, and may, r | contract of employment. I understand and agree that, if hired, regardless of the date of payment of my wages or salary, be ized to change any of the terms mentioned in this employment |
| Signature: | Date: |
| | |

Today's Date: _____

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Your Full Name: _____