## **UCCI MINISTRY TEAM EMPLOYMENT APPLICATION**

UCCI is an Equal Opportunity Employer that does not discriminate based on actual or perceived race, creed, color, religion, alienage or national origin, ancestry, citizenship status, age, disability or handicap, sex, marital status, veteran status, sexual orientation, genetic information, arrest record, or any other characteristic protected by applicable federal, state, or local laws. Our leadership team is dedicated to this policy with respect to recruitment, hiring, placement, promotion, transfer, training, compensation, benefits, employee activities and general treatment during employment.

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. I-9s will be kept on file for three years in accordance with the United States Citizenship and Immigration Services.

Reason for Leaving:



## Moon Beach United Church Camps, Inc.

1487 Moon Beach Rd. St. Germain, WI 54558 800-683-UCCI ucci.org

•	ucci.org
Your Information	
Position(s) Applying for:	
Full Legal Name:	
Complete Mailing Address:	
Email Address:	
Phone Number:	
Please tell us a little about y	ourself and why you would like to be a part of our Ministry Team:
Employment Experience Please list the names of your presentations.	PINCE ent or previous employers for the past 5 years in chronological order with present or most recent employer listed first.
EMPLOYER 1 Name:	
Address:	
Phone Number and/or Emai	l Address:
Dates of Employment (MM/	YY – MM/YY):
Supervisor Name:	
Job Title and Duties:	

EMPLOYER 2 Name:	
Address:	
Phone Number and/or E	Email Address:
Dates of Employment (	MM/YY – MM/YY):
Supervisor Name:	
Job Title and Duties:	
Reason for Leaving:	
EMPLOYER 3 Name:	
Address:	
Phone Number and/or E	Email Address:
Dates of Employment (N	MM/YY – MM/YY):
Supervisor Name:	
Job Title and Duties:	
Reason for Leaving:	
<b>Education</b> Please describe your education	on background.
High School: (name & dat	es attended)
Other: (school name, years	attended, degree, area of study)

## References

Please provide three references who can speak about at least one of the following: work/school ethic, ability to work in a team setting, work with children, leadership, involvement in faith based activities, and general overall character.

REFERENCE 1 Name:				
Relationship:				
Phone Number and/or Email Address				
Phone Number and/or Email Address	5.			
REFERENCE 2 Name:				
Relationship:				
Phone Number and/or Email Address	s:			
REFERENCE 3 Name:				
REFERENCE 5 Name:				
Relationship:				
Phone Number and/or Email Address	s:			
I have never terminated my employmen volunteer position or had my employme to hold a volunteer position terminated f attempted sexual discrimination, harass abuse; child abuse; or financial miscond If not true, give a short explanation.(Ple employer or volunteer supervisor; and not true to be considered.)	nt, professional credentials, or authoring to reasons relating to allegations of acoment, exploitation, or misconduct; phyduct.  ase indicate the date of termination; na	zation ctual or rsical ame, address, and telephone nur	NOT TRUE	
Are you at least 16 years of age, can yo fulfill the requirements of the position fo		to <b>YES</b>	O NO	
Do you have a valid driver's license?		YES	O NO	
If yes, please provide your license number	ber and state in which it was issued.			
I give permission to UCCI leadership to the application process.	contact my references as part of	○ YES	O NO	

I hereby authorize United Church Camps Inc ("UCCI") to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, including but not limited to a Background Check, and further, authorize the prior employers and references I have listed to disclose to UCCI any and all information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release UCCI, my former employers and all other persons, corporations and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

In the event of my employment with UCCI, I understand that I am required to comply with all rules and regulations of UCCI.

Also as a condition of employment and in compliance with the Immigration Reform and Control Act of 1986, I understand that I must complete the Employment Eligibility Verification Form I-9 and present documentation establishing my identity and employment eligibility.

If hired, I understand and agree that my employment with UCCI is at-will, and that neither I, nor UCCI is required to continue the employment relationship for any specific term. I further understand that UCCI and I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

I hereby certify 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.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS.