

# 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.



**United Church Camps, Inc.**  
800-683-UCCI  
ucci.org

**I am interested in a position at:**

**Daycholah Center**  
W1010 Spring Grove Rd.  
Ripon, WI 54971

**Moon Beach**  
1487 Moon Beach Rd.  
St. Germain, WI 54558

**Cedar Valley**  
5349 County Road D  
West Bend, WI 53090

## Your Information

**Position(s) Applying for:**

**Full Legal Name:**

**Complete Mailing Address:**

**Email Address:**

**Phone Number:**

**Please tell us a little about yourself and why you would like to be a part of our Ministry Team:**

## Employment Experience

Please list the names of your present 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 Email Address:**

**Dates of Employment (MM/YY – MM/YY):**

**Supervisor Name:**

**Job Title and Duties:**

**Reason for Leaving:**

**EMPLOYER 2 Name:**

**Address:**

**Phone Number and/or 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 Email Address:**

**Dates of Employment (MM/YY – MM/YY):**

**Supervisor Name:**

**Job Title and Duties:**

**Reason for Leaving:**

## Education

Please describe your education background.

**High School:** (name & dates 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:**

**REFERENCE 2 Name:**

**Relationship:**

**Phone Number and/or Email Address:**

**REFERENCE 3 Name:**

**Relationship:**

**Phone Number and/or Email Address:**

## Screening

It is our mandate that we thoroughly screen all applicants and make every effort to make our sites safe for staff and participants. The following questions must be answered to be considered.

I have never terminated my employment, professional credentials, or service in a volunteer position or had my employment, professional credentials, or authorization to hold a volunteer position terminated for reasons relating to allegations of actual or attempted sexual discrimination, harassment, exploitation, or misconduct; physical abuse; child abuse; or financial misconduct.

**TRUE**

**NOT TRUE**

If not true, give a short explanation. (Please indicate the date of termination; name, address, and telephone number of employer or volunteer supervisor; and nature of the incident(s) leading to your termination).

Are you at least 16 years of age, can you lift at least 40 lbs, and are you able to fulfill the requirements of the position for which you are applying?

**YES**

**NO**

Do you have a valid driver's license?

**YES**

**NO**

If yes, please provide your license number and state in which it was issued.

I give permission to UCCI leadership to contact my references as part of the application process.

**YES**

**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.

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**Signature**

**Date**