

Manitoqua Ministries

8122 West Sauk Trail Frankfort, IL 60423
815-469-2319 * Fax 815-469-8459
www.manitoqua.org

Application for Employment

Camp Manitoqua & Retreat Center is a Christian organization that adheres to doctrinal standards that are stated in our by-laws and expects understanding of those for all employees.

Please print. Date of Application _____

Position applied for _____

Referral source: Advertisement Friend Relative Walk-In
 Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone (____) _____ Social Security Number ____/____/____
Area Code

E-Mail _____

Church Membership _____
Church Location

If employed and under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status may be required upon employment.) Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No Can you travel if a job requires it? Yes No

Veteran of the U.S. Military service? Yes No If yes, branch_____

List professional, trade, business, or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex, or national Origin)

Give name, address, and telephone number of three references who are not related to you and are not previous employers._____

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Highest Year Completed	4 5 6 7	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe specialized training, apprenticeship, skills, extra-curricular activities				

Honors received:_____

State any additional information you feel may be helpful to us in considering your application.

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer #1	Date Employed From	Date Employed To	Work Performed
Address			
Telephone			
Job Title			
Supervisor			
Reason for leaving			
Employer #2	Date Employed From	Date Employed To	Work Performed
Address			
Telephone			
Job Title			
Supervisor			
Reason for leaving			
Employer #3	Date Employed From	Date Employed To	Work Performed
Address			
Telephone			
Job Title			
Supervisor			
Reason for leaving			
Employer #4	Date Employed From	Date Employed To	Work Performed
Address			
Telephone			
Job Title			
Supervisor			
Reason for leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this company is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer as well as understand the doctrinal standards of the organization.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Interviewer

Date

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Dept. _____

By _____
Name and Title

Date

Notes _____

