



# Application for Employment

Carefully read the job descriptions before completing this application form.  
**Application must be completely filled out to be given full consideration.**

OPTIONAL

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

Date you can begin: \_\_\_\_\_ When are you available for an interview? \_\_\_\_\_

**Education:**

	<u>Name of School</u>	<u>Years of Study</u>	<u>Graduate?</u>	<u>Degree Earned</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Vocational	_____	_____	_____	_____
Other	_____	_____	_____	_____

Are there any reasons why you may have difficulty performing the essential functions of the job for which you are applying?  Yes  No IF YES, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_

Are you licensed to drive? \_\_\_\_\_ If so, please provide your DL number: \_\_\_\_\_

How many years have you driven? \_\_\_\_\_ Any violations? \_\_\_\_\_ If so, what? \_\_\_\_\_

\_\_\_\_\_

Please list any specialized training you have received that may assist you in the position for which you are applying. Examples include: Lifeguard Certification, Archery Certification, Rappelling Certification, Computer courses, etc.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



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## THIS INFORMATION IS CONFIDENTIAL

I understand that a background inquiry will be made through the National Sex Offender Public website and/or the Kansas Bureau of Investigation and Kansas State Department of Social and Rehabilitative Services. I certify the information I have provided is true and correct.

Please answer the following questions. Attach an explanation of any "YES" answers.

- |  |     |    |
|--|-----|----|
| 1. Have you ever been convicted of any violent crimes?   | Yes | No |
| 2. Have you ever been found by any court, agency, or employer to have sexually assaulted or exploited any person or to have physically abused any person?  | Yes | No |
| 3. Have you ever been convicted of the possession, use, or sale of drugs within the last seven years?  | Yes | No |
| 4. Have you ever been released from incarceration for a conviction of the possession, use, or sale of drugs within the last seven years?   | Yes | No |
| 5. Have you ever been licensed by a board that licenses business/professions?  | Yes | No |
| If "yes", what board or agency?  |     |    |
| If "yes", please answer a and b  |     |    |
| a. Have you ever been found by that licensing board, or any other disciplinary board to have sexually or physically abused or exploited any minor or developmentally disabled adult?   | Yes | No |
| b. Have you ever been found by that licensing board, or any other disciplinary board, to have abused or financially exploited any vulnerable adult?  | Yes | No |
| 6. Other than the above matters, is there any fact or circumstance involving you and your background that would call into question your being entrusted with the supervision, guidance and care of children, youth, vulnerable adults or developmentally disabled persons? | Yes | No |

Explanations for any questions above:

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It is Lakeside's desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner. It is the policy of Lakeside that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance at any time is strictly prohibited. Employees will inform their employment supervisor of any criminal drug statute conviction for a violation occurring within five (5) days after such conviction. To help ensure a safe and healthful working environment, job applicants and employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to drug testing may result in disciplinary action, up to and including termination of employment. It is further the policy of Lakeside that no person may be in possession of alcoholic beverages or illicit drugs on site nor may any employee be under the influence of alcohol or illicit drugs while on site. Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences. Employees with drug or alcohol problems that have not resulted in, and are not the immediate subject of, disciplinary action may request approval to take unpaid time off to participate in a rehabilitation or treatment program. Leave may be granted if the employee agrees to abstain from use of the problem substance; abides by all Lakeside policies, rules, and prohibitions relating to conduct in the work place; and if granting the leave will not cause Lakeside any undue hardship.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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If inadequate space is provided, please use a separate sheet to fully answer the following.

Give three examples of your leadership:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

Last Employment: (List previous positions, employers and their phone numbers)

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

Indicate any employers we should not contact and reasons why: \_\_\_\_\_  
\_\_\_\_\_

Have you attended Camp Lakeside or any other United Methodist camp as a camper? If so, when and which ones?

\_\_\_\_\_  
\_\_\_\_\_

What contributions do you think a well-run Christian camp can make?

\_\_\_\_\_  
\_\_\_\_\_

What contributions do you think YOU can make at camp? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REFERENCES: List 3 persons, who are not related to you, who have knowledge of your character, experience, skills and abilities in the work force. Please provide these individuals with a "Applicant Assessment Questionnaire" to be returned to Camp Lakeside.

- A. NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_
- B. NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_
- C. NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Write a brief statement outlining why you want to work at Camp Lakeside.

IT IS ESSENTIAL THAT YOU COMPLETE THE FOLLOWING COMMITMENT:

*I fully understand that Camp Lakeside has certain rules and regulations regarding conduct. If my application is accepted, I can be depended upon for complete cooperation. I further understand the importance of remaining until my contract expires. I will assist to the best of my ability in maintaining and further developing the high ideals, moral principles, academic standards, and service requirements of Camp Lakeside.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_