



Michigamme United Methodist Institute, Inc.  
EMPLOYMENT APPLICATION

The information on this form will be verified. Any false or exaggerated claims uncovered, will result in the rejection of this application.

Please type or print clearly. Return to [director@campmichigamme.org](mailto:director@campmichigamme.org) or mail to 3667 US Hwy 41, Michigamme, MI 49861. Or return in person at 927 W. Fair Ave, Marquette, MI 49855 between Feb to April 30.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Sex: (Circle One) Male Female

Are you at least 18 years of age? \_\_\_ Yes \_\_\_ No If no, how old are you? \_\_\_\_\_

Are you legally entitled to work in the United States? \_\_\_ Yes \_\_\_ No

If accepted for employment, what is the earliest date you could begin work? \_\_\_/\_\_\_/\_\_\_ Until what date could you continue to work? \_\_\_/\_\_\_/\_\_\_.

Are there any times you know of that you would have to be absent from work? Yes No

If yes, please give details/dates: \_\_\_\_\_

Where is your church membership? \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Work Experience:** (Please start with your present or most recent position)

1. **Employer:** \_\_\_\_\_ Address: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_ Salary: \_\_\_\_\_ hour, weekly, monthly, yearly

Supervisor: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

What did you like most about your job: \_\_\_\_\_

What did you like least about your job: \_\_\_\_\_

If you left your job, list the reason(s) for leaving: \_\_\_\_\_

2. **Employer:** \_\_\_\_\_ Address: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_ Salary: \_\_\_\_\_ hour, weekly, monthly, yearly

Supervisor: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

3. **Employer:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Type of Work:** \_\_\_\_\_ **Employer's Phone Number:** \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Salary:** \_\_\_\_\_ hour, weekly, monthly, yearly

**Supervisor:** \_\_\_\_\_ **Employed from** \_\_\_\_\_ **to** \_\_\_\_\_

**Please circle** the number(s) of any above employers (if any) you do not wish contacted: 1 2 3

**Education** (indicate highest grade completed):

High School: 9 10 11 12

College: 1 2 3 4 5

Graduate: 1 2 3 4 5

**Name of Colleges/Universities or other institutions of higher learning you have attended:**

Name:

Location:

Dates Attended:

Major:

Date of Graduation:

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**References:** (Give names and addresses including street, city, zip and phone number of 3 persons [not relatives], one of whom is your pastor, who have knowledge of your character, experience, and abilities.)

Name:

Phone:

Email:

Relationship to you:

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**Camp Experience:** (List any camps you have attended as a camper or at which you have worked as staff)

Camper/Staff:

Camp Name:

Location:

Dates Attended:

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**Licenses and Certifications:** (List any current certifications for first aid, CPR, lifeguard, health officer, outdoor living skills and/or other professional licenses. Please give expiration date)

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Our camps are in an outdoor setting. Staff members are required to function independently and are entrusted with the care of a group of children or guests whose health and welfare are your primary responsibility. Do you have any physical, mental, and/or emotional health conditions or impairments which would restrict your ability to perform the job for which you have applied? If so, please explain: \_\_\_\_\_

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Personal Qualifications: (please respond to the following, attaching additional paper as necessary)

1. Please list any skills, experiences, or qualifications that would help you perform the tasks for which you are applying that are not listed above. \_\_\_\_\_  
\_\_\_\_\_

2. With what age groups have you worked as a leader and where? \_\_\_\_\_  
\_\_\_\_\_

3. Why do you want to work at Camp Michigamme? \_\_\_\_\_  
\_\_\_\_\_

4. How would you describe your faith to a young camper? \_\_\_\_\_  
\_\_\_\_\_

### AGREEMENT

I certify that all information contained in my application is true and complete to the best of my knowledge.

I understand that this information may be checked by contacting anyone or any organization listed or that may have information about me. I authorize anyone contacted to give you any information, including opinions regarding my character and fitness for work with children, youth and vulnerable persons. I authorize the release of the information in this document to any ministry of the Detroit Annual Conference of the United Methodist Church.

I authorize you to make such investigations and inquiries of my personal, employment, and other related matters, including any law enforcement records, as may be necessary in arriving at a decision regarding my paid employment or volunteer service. I hereby release employers, providers of information, the Michigamme United Methodist Institute (hereinafter, Camp Michigamme), the Marquette District of the United Methodist Church, and the Detroit Annual Conference of the United Methodist Church from all liability in responding to inquiries in connection with my application or releasing such information. I waive notice of such release of information. I waive any right that I may have to inspect any information provided about me by any persons or organization identified by me in this document. This release may be sent to any organization or person providing such information.

In the event of being accepted for paid employment or for volunteer service, 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 policies of Camp Michigamme.

If accepted for paid or volunteer service, I agree to participate in training and education events related to my areas of work. I will immediately report inappropriate behavior, suspicious activity, observed abuse or allegations of abuse to the camp director or dean.

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I understand that employment with Camp Michigamme is at will and may be terminated at any time, with or without prior notice, discipline, or warning, for any or no reason. Only the Camp Director of Camp Michigamme can make any contrary agreement and that would have to be in writing.

I agree to hold harmless Camp Michigamme, the Marquette District of the United Methodist Church, the Detroit Annual Conference of the United Methodist Church, their officers, employees, and volunteers from any use of this application and information.

I have carefully read this statement. I understand its contents and I am signing it of my own free will.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print applicant's full name \_\_\_\_\_

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

(If applicant is under age 18)