

Antietam Recreation

Office Application

9745 Garis Shop Road Hagerstown MD, 21740
office@antietamrecreation.com | 301.797.7999
www.antietamrecreation.com

OFFICE USE ONLY

Interview Date: _____

Notes: _____

PLEASE ATTACH A CURRENT PHOTO

PERSONAL

1. Full Legal Name: Mr. Mrs. Miss _____
OTHER FIRST MI LAST SUFFIX NAME YOU GO BY
2. Address: _____
ADDRESS CITY STATE ZIP
- Contact Info: (_____) _____ (_____) _____ _____
HOME PHONE WORK OR CELL PHONE EMAIL ADDRESS
3. Birth Date: month ____ / day ____ / year ____ Age ____ Male Female T-Shirt Size _____
4. Single Engaged Married Widowed Separated Divorced
5. Do you have children? Yes No If yes, give children's names and ages _____
Must children accompany you to work? Yes No
6. Contact Person In Case of Emergency: Name: _____ Relationship: _____
ADDRESS CITY STATE ZIP (_____) _____ (_____) _____
CELL PHONE NEXT BEST NUMBER

EDUCATION (high school/ college)

School	Major/ Minor	Years	Degree
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EXPERIENCE & SKILLS

It is helpful for us to know your skills and interest so we can visualize how you would best fit on our team.

JOB HISTORY

1. Previous Employer: _____ Phone: (_____) _____ Hourly Rate/ Salary _____
Job Description: _____ Dates from ____/____/____ to ____/____/____ Reason for leaving _____

2. Previous Employer: _____ Phone: (_____) _____ Hourly Rate/ Salary _____

Job Description: _____ Dates from ___/___/___ to ___/___/___ Reason for leaving _____

REFERENCES Please list 2 people (not relatives) who have knowledge of your character, & experience.

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE
_____	_____	(____) _____	(____) _____
_____	_____	(____) _____	(____) _____

SKILLS

The purpose of this section is to determine in what general areas you are strongest, so that it is easy for us to imagine in what position you would be most suited to.

- 1- Very Proficient with lots of experience
- 2- Have had some experience
- 3- Have very limited knowledge
- 4- I am willing to learn
- 5- I don't think that I would be well suited for this job

General Skills

- ____ Wrapping Money
- ____ Running Errands
- ____ Computer Back-ups
- ____ New Hire Registration
- ____ Internet Ordering
- ____ Data Entry
- ____ Phone Skills
- ____ Letter Writing
- ____ Filing
- ____ Typing
- ____ Proofing

Accounting Skills

- ____ QuickBooks
- ____ Payroll
- ____ Payroll/Monthly
- ____ Quarterly /Year end Taxes
- ____ Journal Entries
- ____ Invoicing
- ____ Paying Bills
- ____ Sales and Admission Taxes
- ____ Processing Credit Cards Transactions
- ____ Reconciling Bank Statements
- ____ W2 and W3 Forms

Creative Skills

- ____ Posters
- ____ Bulletin Boards
- ____ Photography
- ____ Web Design
- ____ Graphic Design
- ____ Advertising

Computer Skills

- ____ Microsoft Word
- ____ Microsoft Excel
- ____ Computer Networking
- ____ Microsoft Access
- ____ Microsoft Power Point
- ____ Microsoft Outlook
- ____ Microsoft Publisher
- ____ Adobe Dreamweaver
- ____ Adobe Photoshop

PLACEMENT INFORMATION

Our goal for each person on our team is to be working in the areas that they would most enjoy and where their special talents lie. This section is to help us establish what that area might be. Please try to evaluate these questions as honestly as possible.

- Are you a people person? Yes No Further Explanation _____
- Are you someone who enjoys detail? Yes No Further Explanation _____
- Do you like routine? Yes No Further Explanation _____
- Do you like variety? Yes No Further Explanation _____
- Are you an organizer? Yes No Further Explanation _____
- Do you enjoy talking on the phone? Yes No Further Explanation _____
- Do you especially like jobs that require creativity? Yes No Further Explanation _____
- Are you a natural leader? Yes No Further Explanation _____

CERTIFICATIONS

Please indicate which certifications you may hold.

CPR	<input type="checkbox"/>	Expiration: ___/___/___
First Aid	<input type="checkbox"/>	Expiration: ___/___/___
Nurse (RN, GN, LPN)		Date Received: ___/___/___ Expiration: ___/___/___
EMT	<input type="checkbox"/>	Date Received: ___/___/___ Expiration: ___/___/___
Accounting	<input type="checkbox"/>	Date Received: ___/___/___ Expiration: ___/___/___ (Certification held) _____
CPA	<input type="checkbox"/>	Date Received ___/___/___ Expiration: ___/___/___
OTHER _____		Date Received ___/___/___ Expiration: ___/___/___

OTHER

1. Please list any talents/hobbies: _____

2. What do you see as your strongest character quality and why? _____
_____ Weakest character quality and why? _____

3. Describe any previous involvement in Christian Service: _____

BACKGROUND & CHRISTIAN TESTIMONY

YOU MAY NEED TO USE A SEPARATE SHEET FOR SOME QUESTIONS.

1. How do you feel about working at a Christian facility? Okay Excited _____
2. Do you attend church? Yes No Denomination/Association _____
3. Have you trusted Jesus Christ as your personal Savior? Yes No
If yes, in what are you trusting for salvation? _____
If yes, give a short testimony of your salvation, including when you were saved: _____

4. Describe your current relationship with Christ: _____

5. Please explain your interest and goals in assisting the ministry of Antietam Recreation: _____

6. How do you feel about explaining the Gospel to someone?

- Very uncomfortable/I decline this responsibility* *Nervous/ but I would like to learn how*
 Fairly comfortable/ no problem. *Very comfortable/I have lots of experience.*

7. Have you ever been convicted of a crime? No Yes, explain: _____

8. Do you smoke? _____ Drink alcohol? _____ Have you ever been fingerprinted? _____

9. What would you like to be doing 5 years from now? _____

HEALTH INFORMATION

Date of last Tetanus: ____/____/____ Physician's Name: _____ Phone #: (____) _____

Physical Restrictions or Health Problems _____

AGREEMENT

I **certify** that the answers provided in this application are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application or during my interview(s) may result in termination of employment.

I realize that my behavior is a reflection on both Antietam Recreation and the Lord Jesus Christ since this is a Christian facility. By my involvement, I understand I will be considered an example and a leader.

I will strive to have a love for them and care for each person on an equal level. I will strive to be a servant, without complaining. I realize that a spirit of cooperation is vital to my interaction with the other staff members.

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.”

<hr/> SIGNATURE OF APPLICANT	<hr/> DATE
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2024 STAFF CONTRACT

Applying for:

- Counselor (18 and up)
 CIT (16-17)
 Volunteer (14-15)

LAST NAME

FIRST NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE

CELL Can we text you?

Yes No

EMAIL

Birth Date: month ____ / day ____ / year _____

T-shirt size _____

In the sections below, please mark your AVAILABILITY to work. If you are **not sure** about a day or week, it would be better **NOT** to mark it, as this is considered a **commitment** on your part. Based on your availability and our needs, we will notify you of which dates you have been selected to work. The more available you are, the more likely you are to receive your dates.

OPEN HOUSE:

I am available for prep & cleanup the week of 5/6-5/10

Saturday, 5/11 1:30-6:15

SCHOOL GROUPS: 9:30 am-1:30 pm All school around dates are

- | | | | | |
|------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fri. 5/10 | <input type="checkbox"/> Wed. 5/15 | <input type="checkbox"/> Mon. 5/20 | <input type="checkbox"/> Thurs. 5/23 | <input type="checkbox"/> Wed. 5/29 |
| <input type="checkbox"/> Mon. 5/13 | <input type="checkbox"/> Thurs. 5/16 | <input type="checkbox"/> Tues. 5/21 | <input type="checkbox"/> Fri. 5/24 | <input type="checkbox"/> Thurs. 5/30 |
| <input type="checkbox"/> Tue. 5/14 | <input type="checkbox"/> Fri. 5/17 | <input type="checkbox"/> Wed. 5/22 | <input type="checkbox"/> Tues. 5/28 | <input type="checkbox"/> Fri. 5/31 |

CAMP WEEKS: Hours vary depending on assigned activities.

MEETING FOR ALL DAY CAMP STAFF: Saturday, June 1st 6:00-7:30 pm (New staff 4:00-7:30 pm)

SKILL TRAININGS:.. New staff will be required to take all trainings. Returning staff will only have some refresher training. Not all classes will be necessary for each staff member. Additional details to follow with dates and times. (Includes such things as Lifeguarding, First Aid, CPR, canoeing certification, class activities training, etc)

Please check to confirm that you understand you must attend this meeting and any other required training for your activity.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Week 1: June 3-7 | <input type="checkbox"/> Week 4: June 24 - 28 | <input type="checkbox"/> Week 7: July 15-19 | <input type="checkbox"/> Week 11: August 12-16 |
| <input type="checkbox"/> Week 2: June 10-14 | <input type="checkbox"/> Week 5: July 1-5 | <input type="checkbox"/> Week 8: July 22-26 | <input type="checkbox"/> Week 12: August 19-23 |
| <input type="checkbox"/> Week 3: June 17-21 | <input type="checkbox"/> Week 6: July 8-12 | <input type="checkbox"/> Week 9: July 29-August 2 | <input type="checkbox"/> Final Campfire: August 16, 5:00-9:30 pm |
| | | <input type="checkbox"/> Week 10: August 5-9 | |

SATURDAY GROUPS: Day Groups 12:00 pm- 4:00 pm; Evening Groups 5:00 pm- 9:00 pm

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Day 6/08 | <input type="checkbox"/> Day 6/29 | <input type="checkbox"/> Day 7/20 | <input type="checkbox"/> Day 8/03 | <input type="checkbox"/> Day 8/17 |
| <input type="checkbox"/> Evening 6/08 | <input type="checkbox"/> Evening 6/29 | <input type="checkbox"/> Evening 7/20 | <input type="checkbox"/> Evening 8/03 | <input type="checkbox"/> Evening 8/17 |
| <input type="checkbox"/> Day 6/15 | <input type="checkbox"/> Day 7/13 | <input type="checkbox"/> Day 7/27 | <input type="checkbox"/> Day 8/10 | <input type="checkbox"/> Day 8/24 |
| <input type="checkbox"/> Evening 6/15 | <input type="checkbox"/> Evening 7/13 | <input type="checkbox"/> Evening 7/27 | <input type="checkbox"/> Evening 8/10 | <input type="checkbox"/> Evening 8/24 |
| <input type="checkbox"/> Day 6/22 | | | | |
| <input type="checkbox"/> Evening 6/22 | | | | |

PAY DAYS: Paychecks are available after 3:30 pm or mailed the following day.

April 28 -May 11: Wed., May 15
May 12-25: Wed., May 29
May 26-June 8: Wed., June 12

June 9- 22: Wed., June 26
June 23- July 6: Wed., July 10
July 7-20: Wed., July 24

July 21-August 3: Wed., Aug. 7
August 4-17: Wed., Aug. 21
August 18- Aug 31: Wed. Sept. 4

Emergency Contact Information:

Name

Phone number

By signing, I agree that this form correctly reflects the times I am committing to work during 2024.

SIGNATURE

DATE