



**EMPLOYEE APPLICATION**  
 PONDEROSA RETREAT & CONFERENCE CENTER  
 15235 FURROW ROAD  
 LARKSPUR, CO 80118-5703  
 P: 719.481.2482 F: 719.481.6402  
 WWW.VISITPONDEROSA.COM

<b>Office Use Only</b>
Date received _____
Date reviewed _____

Please Print and use Black or Blue Ink

Name (First, Middle Initial, Last)	Date of Birth	Social Security Number
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Marital Status:  Single  Married  
 Age \_\_\_\_\_

Mailing Address	City, State, Zip Code
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Phone Number	Email Address
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Position Desired \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No  
 Would you have any reservations to us doing a background check?  Yes  No

**Education:**

	Name & Address Of School	Course of Study	Graduated
High School			Yes <u>Date:</u> No
College			Yes <u>Date:</u> No
Graduate/Professional/ Seminary			Yes <u>Date:</u> No
Other			Yes <u>Date:</u> No

**Work Experience:**

Please provide information on the previous two jobs currently held. If you feel more is necessary, freely attach a sheet of paper to the application.

<b>Employer:</b>	<b>Dates Employed:</b>
<b>Address:</b>	<b>Work Performed:</b>
<b>Phone:</b>	
<b>Job Title:</b>	
<b>Supervisor:</b>	
<b>Reason for Leaving:</b>	

<b>Employer:</b>	<b>Dates Employed:</b>
<b>Address:</b>	<b>Work Performed:</b>
<b>Phone:</b>	
<b>Job Title:</b>	
<b>Supervisor:</b>	
<b>Reason for Leaving:</b>	

**Church:**

Location of Church Membership: \_\_\_\_\_  
Involvements in Church: \_\_\_\_\_

**Certifications & Skills:**

- CPR | Expiration Date \_\_\_\_\_
  - EMT | Expires \_\_\_\_\_
  - First Aid | Expiration Date \_\_\_\_\_
  - Ropes Course | Expires \_\_\_\_\_
- Other certifications (Please list with expiration date):  
\_\_\_\_\_  
\_\_\_\_\_

Foreign Language(s) Spoken: \_\_\_\_\_  
Please list any skills or experiences that you may have that will benefit Ponderosa (tiling, website design, software programs, carpentry, etc.): \_\_\_\_\_

**Health Information:**

Please list any special medical information should emergency treatment be required (asthma, allergies, diabetes, etc):  
\_\_\_\_\_

Please list any physical limitations that you may have: \_\_\_\_\_

**Insurance Information:** Provider: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Emergency Contact Information:** Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Testimony Questions (Feel free to attach a sheet of paper)**

Please describe your personal testimony of your relationship with Jesus Christ.

Please explain why you want to work in a Christian Camping setting?

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in this application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly.

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