APPLICATION FOR EMPLOYMENT

Please tell us how you heard about us.

Current Employee Referra	al Social media	Internet ad	Other
NAME:		TELEPHONE #:	
ADDRESS:			
EMAIL ADDRESS:			
<u>P</u> c	osition(s) applied for:	(Check one or both)	
Checkpoint Rece	ptionists:	_ Campsite Technician: _	
Do you have a specific location	n mind for work? Yes	No	
If yes, where?			
If you have applied for a Camps on the job? Yes No	<u>.</u>	ould you have a pickup tro	uck or similar vehicle to use
Are you married? Yes	No		
In some checkpoint positions, it	is preferable to have a tean	n, would you qualify? Yo	es No
Some positions require living at	the checkpoint. Would thi	s be acceptable? Yes	No
If you have children, how many	would you need to live wit	h you if you were living	at the checkpoint?
The season of work usually start available for the full term? Yes _		nd may last until Thanksş	giving. Would you be
If not, why and when would you	be available?		
Many positions require the hand this? Yes No	ling of cash, receipts and m	naking out daily reports.	Do you feel qualified for
Each employee must make out L Yes No	and Use and Camping Per	mits and other forms. Do	you feel qualified for this?
In some positions, it is helpful to Yes No	speak or understand Frence	ch. Do you have an unde	erstanding of the language?

Education Florester school? High School?

Elementary school? High School? College?
School Name/s & Location/s:
Highest Year Completed When Completed
Describe any specialized training, skills, and extra-curricular activities:
State any additional information you feel may be helpful to us in considering your application.
List professional, trade, business, or civic activities and offices held. (You may exclude memberships, which reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status
Special Skills and Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.
References Give name, address, and telephone number of three references who are not related to you and are not previous employers.
1
2
3

Prior Employment Experience

Start with your present or most recent job. Include any job-related military service assignment or volunteer activities. You may exclude organizations that indicate race, color, religion, national origin, handicap, or other protected status. If you need additional space, please continue on a separate sheet of paper.

1.	Employer:	
	Address:	
	Telephone #:	
	Job Title:	_Supervisor:
	Dates Employed- start and end:	
	Duties Performed:	
	Reason for Leaving:	
2.	Employer:	
	Telephone #:	
		_Supervisor:
	Dates Employed- start and end:	
	Duties Performed:	
	Reason for Leaving:	
3.	Employer:	
	Address:	
	Telephone #:	
	Job Title:	_Supervisor:
	Dates Employed- start and end:	
	Duties Performed:	
	Reason for Leaving:	
Do v	vou give NMW permission to contact references	

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 not to exceed one year. 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 understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 that this "at will" employment relationship may not be changed by any written document or by conduct unless the executive director specifically acknowledges such change in writing.

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.

Signature of Applicant -Printed n	ame is considered a valid signature.	Date	
	FOR PERSONNEL DEPARTM	MENT USE ONLY	
Arrange Interview: Yes:	No:		
Remarks:			
Interviewer:	Date:		
Employed: Yes:	No:		
Job Title:	Hourly Rate/Salary:	Dept.:	
Dyr	Data		