



Employment Application

Program Manager | 2020 E. Mount Hope Ave. | Lansing, MI | 48910

BACKGROUND INFORMATION

First Name: _____ MI: ____ Last Name: _____

Present Phone # _____ Cell Phone _____

Present Address: _____

City: _____ State: _____ Zip: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Are you legally entitled to work in the U.S. ? Yes No

How did you find out about the position?

EMERGENCY CONTACT

First Name: _____ Last Name: _____

Relationship: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

EDUCATIONAL BACKGROUND

High School Graduate or General Education Development (GED) Test passed?

yes no

Post High School Training (College, Business School, Military, etc.)

yes no

Name/Location Dates Credits Graduate Degree Major

List conferences and/or workshops attended related to position(s) in which you are applying:



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You have applied for a part-time naturalist position. This position required the ability to teach interpretive programming to both youth and adults. Please indicate the skills that you could either teach (T), assist (A), or would like to learn (L) by writing the appropriate letter. Leave blank all other skills.

Outdoor Interpretation

Endangered Species
Insects
Geology
Forestry
Target Sports , Archery
Wilderness Survival
Prairie Ecology
Natural Resource Management

Reptiles & Amphibians
Plant identification
Bird Watching
Pond Ecology
Wild Edibles
Mammals
Orienteering

Please list any additional skills, personal interests or experiences that would assist you in the position for which you have applied:



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CERTIFICATIONS

Please indicate any certifications you currently possess (and their expiration dates, if applicable), or would be earning prior to employment. Leave blank all other certifications.

Type of Certification	Expiration	Type of Certification	Expiration
Archery (NASP) Instructor		Project WET	
Teaching Certification		Project WILD	
CPR		Project Learning Tree	
First-Aid		Leopold Education Project	
Early Childhood Development		Growing up Wild!	

REFERENCES

Your application must be accompanied by three (3) reference forms, which may be submitted by postal mail Please read over the information on the forms before distributing them.. We recommend employers, teachers, ministers, coaches, or other persons who can give an honest character reference. References from family members will not be considered.

Please list the name, relationship, and phone number of the persons who will be providing your references.

	Name	Relationship	Phone Number
1.			
2.			
3.			

*It is important that your references be submitted as soon as possible. **YOUR APPLICATION CANNOT BE CONSIDERED UNLESS ALL THREE REFERENCES ARE RECEIVED.***



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WORK EXPERIENCE

Name of *present* or *last* employer: _____

Full or part time? _____ Number of hours each week _____

Name of Supervisor: _____ Phone Number: _____

Type of Business: _____ Job Title: _____

Start Date: _____ End Date: _____

Reason for Leaving:

Description of Work and Responsibilities (attach additional sheets if necessary):

Name of employer: _____

Full or part time? _____ Number of hours each week _____

Name of Supervisor: _____ Phone Number: _____

Type of Business: _____ Job Title: _____

Start Date: _____ End Date: _____

Reason for Leaving:

Description of Work and Responsibilities (attach additional sheets if necessary):

Name of employer: _____

Full or part time? _____ Number of hours each week _____

Name of Supervisor: _____ Phone Number: _____

Type of Business: _____ Job Title: _____

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REFERENCE SHEET:

Please provide a sheet to each reference. Have them complete the form and submit it with your application. You may substitute letters of reference for this sheet.

Applicants Name: _____ Date: ____/____/____

Reference: The above-named individual has applied for a position at Fenner Conservancy. Because it is important that the members of our staff have the patience and understanding to work well with children, parents, and fellow staff members, we would like information concerning the personal and professional qualifications of this applicant. Your assistance is appreciated.

How long and in what capacity have you known this applicant?

What do you feel is the greatest strength of this applicant with regard to being a leader, instructor and/or counselor at camp?

Would you have any reservations about children or your child being in the care of this applicant? Please comment.

In your opinion, is this applicant a suitable positive role model for youth ages 5-15? Please comment.

Overall Rating of this applicant:

Please rate this applicant in the following areas:

____ I recommend hiring without any reservations

____ I recommend hiring with some reservation

____ I recommend that this applicant not be hired

REQUIRED:

Reference Printed Name

Reference Signature

Occupation/ Title

Date



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PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING TO INDICATE YOUR UNDERSTANDING:

I hereby affirm that this application and accompanying resume or statements made in connection with this application are true and complete when made and will remain true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize Fenner Conservancy to investigate all statements contained in and made in connection with this application, including disciplinary records of any former employers, police departments and other references or sources concerning me. I authorize all such references and sources in addition to Fenner Conservancy a release without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

I also understand that if I have protected disability disclosure that affects my ability to do the job I seek, I may ask Fenner Conservancy to attempt to make a reasonable accommodation for it. I must make my request in writing to Fenner Conservancy personnel committee as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know the accommodation is needed.

AT WILL EMPLOYEE:

I understand that I all employees of Fenner Conservancy are employed on an indefinite basis and are subject to termination at any time, with or without prior notice, discipline or warning, for any reason. No person other than the Executive Director has the authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement by the Executive Director of Fenner Conservancy will be enforceable unless in writing, pertains specifically to me and is signed by the Executive Director.

Applicant Signature:

Date:



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Fenner Conservancy

AUTHORIZAION TO RELEASE INFORMATION

I have been asked to supply information to assess my background and qualifications as part of the process to be considered for a position at Fenner Conservancy. To facilitate this process, I hereby authorize the investigation of my past and present work, education, military service, character and police records to determine any and all information, excluding medical information, which is or may be, pertinent to my qualifications for employment.

I hereby authorize you to provide any and all information to Fenner Conservancy, of record or not, and release you and all personnel agencies, companies and firms from any liability that may result from providing such information.

Applicant Signature:

Date: