



# PROGRAM MANAGER APPLICATION

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

To apply for the position of PROGRAM MANAGER, please submit the following documents:

- Cover Letter
- Resume
- Three Letters of Reference and Reference Contacts (page 1)
- Signed Application Statement and Authorization to Investigate (page 2)

These documents should be submitted via mail attn:Program Manager Search, or via email to [employment@mynaturecenter.org](mailto:employment@mynaturecenter.org). Reference letters can be submitted by your references or included in your resume submission.

## APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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## REFERENCES

*Your application must be accompanied by three (3) letters of reference, which may be submitted by postal mail. We recommend employers, teachers, ministers, coaches, or other persons who can give an honest professional or 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.***



# EMPLOYMENT APPLICATION

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

**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 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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**AUTHORIZATION 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