

UNIVERSITY OF RHODE ISLAND - W. ALTON JONES CAMPUS
ENVIRONMENTAL EDUCATION CENTER
401 VICTORY HIGHWAY, WEST GREENWICH, RI 02817-2158
PHONE: 401-874-8200 FAX: 401-397-3293
APPLICATION FOR EMPLOYMENT

Full Name: _____ Date of Application: _____

Current Address: _____ Valid until _____

City/State/Postal Code: _____

E-Mail Address: _____

Telephone: Cell: _____ Land Line: _____

Permanent Address: _____

City/State/Postal Code: _____

Telephone: Land Line: _____

Birth Date: _____ Circle: Male Female U.S. Citizen? No Yes

For Non-Citizens, where were you born? City: _____ Country: _____

How did you learn about Alton Jones jobs? _____

Position(s) for which you are applying: _____

Date you are available for employment: _____

EDUCATION

| School or College | Dates Attended | Course of Study | Type of Degree Obtained or Highest Level Completed/# of Credits |
|-------------------|----------------|-----------------|---|
| | | | |
| | | | |
| | | | |

RELATED EMPLOYMENT EXPERIENCE

PLEASE LIST IN CHRONOLOGICAL ORDER, MOST RECENT EXPERIENCE FIRST. *NOTE: A CURRENT RESUMÉ IS REQUIRED.*

- Organization: _____ Dates Employed : _____
 Address: _____
 Name & Telephone Number of Supervisor: _____
 Your Position & Responsibilities: _____

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 Address: _____
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 Your Position & Responsibilities: _____

ADDITIONAL EXPERIENCE

Please list additionally experience you have had working with young people, including volunteer work, (mention ages, location, duration, and the position) and/or additional experience you have had living and working intensively with a group of people. Attach additional pages if needed.

TRAINING, SKILLS, AND CERTIFICATIONS

| Certification | Exp. Date | Date Will Acquire |
|-----------------------|-----------|-------------------|
| CPR | | |
| First Aid | | |
| Small Craft Safety | | |
| WSI/Lifeguard | | |
| WEMT/EMT/WFR/WFA | | |
| Teacher Certification | | |
| Other _____ | | |

Please rate your proficiency in the following activities:

1- No Experience 2- Participated in Activity 3- Qualified to Assist 4- Qualified to Teach/Lead

- | | | | |
|---------------------------|---------------------------|------------------------|------------------------|
| _____ Forest Ecology | _____ Low-Ropes Course | _____ Music | _____ Driving 15 Pass. |
| _____ Wetland Ecology | _____ Orienteering | _____ Photography | Vans & or Trailers |
| _____ Coastal Ecology | _____ Wilderness Survival | _____ No-Trace Camping | |
| _____ Early Amer. History | _____ Conservation Work | _____ Outdoor Cooking | OTHER: |
| _____ Native Amer. Skills | _____ Animal Care | _____ Lake Canoeing | _____ |
| _____ Living History | _____ Gardening | _____ River Canoeing | _____ |
| _____ Astronomy | _____ Story Telling | _____ River Kayaking | _____ |
| _____ Night Hike | _____ Arts & Crafts | _____ Backpacking | |
| _____ New Games | _____ Song Leading | _____ Rock Climbing | |
| _____ Group Building | _____ Leading Big Groups | _____ Rappelling | |

*Have you ever been convicted of a crime? (Including all felony and misdemeanor convictions and all convictions in state and federal courts even if you plead nolo contendere. A yes answer is not an automatic disqualification.)

No Yes

*Have you ever been fired from any job for any reason?

No Yes

*If you answered yes to any of these questions, please provide a complete description of the circumstances surrounding the incident(s) including the dates, locations, and your signature on a separate sheet.

I understand that a criminal background check will be conducted and that I have the right to obtain a copy of the report and challenge its accuracy.

I certify that there are no willful misrepresentations and falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations and falsifications, my application may be rejected and, should I be employed, my service may be terminated. **[This form must be printed and signed.]**

Signature _____ Date _____