



MOHONK PRESERVE, INC.

P.O. Box 715

New Paltz, NY 12561-0715

Visitor Center 845-255-0919 fax: 845-255-5646

Daniel Smiley Research Center 845-255-5969 fax: 845-255-1018

APPLICATION FOR EMPLOYMENT

Please read completely before filling out this application.

Mohonk Preserve, Inc. does not discriminate on the basis of race, color, religious creed, national origin, sex, marital status, veteran status, disability, or status with regard to public assistance. No information obtained in connection with this application will be used in any such manner.

In submitting this application, the undersigned agrees as follows:

1. I voluntarily give my consent to Mohonk Preserve, Inc. to make a thorough investigation of my past employment.
2. In the event of my employment with Mohonk Preserve, Inc. I will comply with Mohonk Preserve's Personnel Policy. I specifically agree that all photographs, products, artwork, writing, plans or other materials developed by me or in which I am involved while employed by Mohonk Preserve, and any related or resulting copyrights or trademarks, will be owned solely by Mohonk Preserve, Inc.

I certify that all statements made by me in this application are true and complete to the best of my knowledge, and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that if I am employed by Mohonk Preserve, Inc. any false statement on this employment application shall be considered sufficient cause for dismissal. In connection with this application form, Mohonk Preserve, Inc. may obtain a criminal background check of the applicant. Conviction records will not be used as an absolute bar to employment.

I hereby acknowledge that I have read the above and understand and agree to it.

Date _____ Signature _____

Please answer every question. Please print with pen or type.

Name _____ Phone number _____
Last, First, Middle

Address _____ Daytime message phone number _____

_____ Length of time at this address _____
Years

Social Security Number _____ Date of Birth _____

List previous address within the United States, except military, if address changed during the past 5 years.

Street _____ City, State, Zipcode _____ From (date) To _____

JOB INTEREST

Position(s) applying for _____ Salary requirements _____

Do you have any disability or handicap that would affect your job performance or attendance? Yes [] No []

How were you referred to us? _____ Date available for work _____

Date must leave job (if seasonal/temporary) _____

List friends or relatives working for us and state relationship.

Work schedule preference: Please indicate first, second, and third choices in the space provided>

Would you work: Permanent Full-time Permanent Part-time Temporary Full-time Temporary Part-time Day Evening

Were you previously employed here? If so, date(s) worked _____

Reason(s) for leaving _____

EMPLOYMENT HISTORY

Start with your present position and work back.

1

Company Name	From	Job Title	Starting Salary
Address	To	Job Duties	Final Salary
City	State	Zipcode	
Supervisor Name / Phone Number		Reason for Leaving	

2

Company Name	From	Job Title	Starting Salary
Address	To	Job Duties	Final Salary
City	State	Zipcode	
Supervisor Name / Phone Number		Reason for Leaving	

3

Company Name	From	Job Title	Starting Salary
Address	To	Job Duties	Final Salary
City	State	Zipcode	
Supervisor Name / Phone Number		Reason for Leaving	

4

Company Name	From	Job Title	Starting Salary
Address	To	Job Duties	Final Salary
City	State	Zipcode	
Supervisor Name / Phone Number		Reason for Leaving	

May we contact the Yes
Above listed employers? No

If "no" check which one(s) you do not wish us to contact
1 2 3 4

Please write a brief statement in which you express the kind of work you desire and how it will relate to your long-term career goals.

Date _____ Signature _____

EDUCATION HISTORY

School	Name and Address of School	Course of Study	Circle last year completed	Did You graduate?	List diploma or degree
Elementary			5 6 7 8		
High School			1 2 3 4		
College			1 2 3 4		
Military Educ/Rank			1 2 3 4		
Other (specify)			1 2 3 4		

PERSONAL REFERENCES

(Not former employers or relations but who have definite knowledge of your qualifications and fitness for the position for which you are applying)

Name and occupation	Address	Daytime telephone number

The following list of job related skills may be useful in connection with a position with Mohonk Preserve, Inc. Please indicate skill competency by indicating the appropriate skill level as per the following:

- 1 = No experience or training
- 2 = Beginning level; limited exposure and training
- 3 = Average level of performance; work independently
- 4 = Advanced level of experience, training; have handled complex situations
- 5 = Certified instructor, or have experience as an instructor or supervisor

Skill Description	Skill Level
Tour guide experience (i.e., ability to prepare and conduct tours)	[]
Experience as a leader or counselor in a day or formal recreational program or activity	[]
Carpentry skills	[]
Use of shop tools (i.e., radial arm saw, drill, planer, etc. Specify: _____)	[]
Trail building. Explain: _____	[]
_____	[]
Surveying	[]
Use of chainsaw	[]
Use of common fire tools (shovel, fire rake, axe, portable pump)	[]
Wildland fire suppression	[]
Ability to identify and correct minor motor vehicle malfunctions (change tires, replace fan belt, jump-start, etc.)	[]
Ability to operate equipment such as farm equipment, heavy duty vehicles, off-road 4wd vehicles, etc. Specify: _____	[]
Natural resource management/rehabilitation (check type of experience)	
Fire management	[]
Vegetation management	[]
Taxonomy (flora/fauna)	[]
Plant or forest ecology	[]
Technical rock climbing	
What grade do you	
Lead _____	
Follow _____	
Experience in search and rescue	[]
Experience in litter evacuation from high-angle rock	[]
Skiing: cross-country	[]
Outdoor experience/training (i.e. backpacking, hiking, camping)	[]
Handling human relations under stress (i.e. dealing with disorderly people)	[]
Do you hold a valid driver's licence? Yes [] No []	
Are you able to use a manual transmission? Yes [] No []	
Are you currently certified in: [] Advanced First Aid [] Basic First Aid [] EMT [] CPR	
Give expiration date: _____	

Have you ever been convicted of a criminal offense involving dishonesty or breach of trust (including but not limited to robbery, embezzlement, forgery, perjury, tax evasion, etc.)? Yes [] No [] If yes, explain in full.
