

# **MOHONK PRESERVE**

P.O. Box 715 New Paltz, NY 12561-0715 Visitor Center 845-255-0919 fax: 845-255-5646 Daniel Smiley Research Center www.mohonkpreserve.org

## **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.

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

Last	First		Midd	lle			
Phone number:							
Email:							
Address:							
				ength of time at this address			
-				_	(yea	rs)	
List previous address within the Unite	d States, except military, if address	changed during	the past 5 ye	ears.			
Street	City	State	Zip	From	(date)	То	
-		State	Zip	From	(date)	То	
-	JOB IN	NTEREST		From (	(date)	То	
Street	JOB IN	NTEREST		From (	(date)	То	
Street	JOB IN	NTEREST		From (			
Street Position(s) applying for How were you referred to us?	JOB IN	NTEREST	D	ate available fo	or work_		
Street Position(s) applying for	JOB IN	NTEREST	D	ate available fo	or work_		

Mama

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 em	ployed here? If so, d	late(s) worked				
Reason(s) for leaving:						

### EMPLOYMENT HISTORY

Start with your present position and work back.

1.			
Company Name		From	Job Title
Address		То	Job Duties
City	State	Zipcode	
Supervisor Name / Phone Number			Reason for Leaving

From	Job Title
То	Job Duties
Zipcode	
	Reason for Leaving

3.

3.			
Company Name		From	Job Title
Address		То	Job Duties
City	State	Zipcode	
Supervisor Name / Phone Number			Reason for Leaving
Supervisor Name / Phone Number			Reason for Leaving

4.

Company Name		From	Job Title		
Address		То	Job Duties		
Address		10	Job Duties		
	2				
City	State	Zipcode			
		-			
Supervisor Name / Phone Number			Reason for Leaving		

May we contact the above listed employers?

□ Yes □ No If "no" check which one(s) you do not wish us to contact  $1 \square 2 \square 3 \square 4 \square$ 

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.

Signature\_\_\_\_\_

Date

### **EDUCATION HISTORY**

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

#### PERSONAL REFERENCES

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

Name & Occupation	Address	Daytime Phone Number
1		
2		
3		
4		

### **CRIMINAL OFFENSES**

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  $\Box$  No  $\Box$  If Yes, explain in full:

### JOB SKILLS

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

<u>Skill Description</u>	Sk	cill 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.	l	]
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 farmequipment, 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 license? Yes $\Box$ No $\Box$ Are you able to use a manual transmission? Yes $\Box$ No $\Box$		
Are you currently certified in: Advanced First Aid  Basic First Aid EMT CPR Give expiration dates:		