



Real Teens. Real Life. Real Results.

### EMPLOYMENT APPLICATION

Applicants are considered for positions with Wyman Center, Inc. without regard to race, religion, color, gender, national origin, age, marital or veteran status, sexual orientation, disability or any other legally protected status.

This application will be active for 60 days. After this period, if you still wish to be considered, please contact us.

(PLEASE PRINT)

Form containing fields for: Position/s Desired, How did you hear about this job?, Are you interested in working, Date of Application, Last Name, First Name, Middle Name, Current Street Address, City, State/ZIP, Phone Number, Cell Phone Number, Email, Are you legally eligible for employment in the United States?, Are you on layoff and subject to recall?, Will you work overtime if required?, Are you currently employed?, May we contact you at work if necessary?, Telephone Number, If employed and under 16, can you furnish a work permit?, When would you be available to start work?, Have you been employed with Wyman Center, Inc. before?, Have you talked with a Wyman Center, Inc. staff member?

Have you ever been convicted of a misdemeanor or felony in any jurisdiction? Yes No
If Yes: City: State: Date:

Please Explain:

(You will not be denied a job solely because of a conviction unless the conviction is related to the job for which you have applied.)

**LIST PREVIOUS EMPLOYMENT BELOW** (Start with current/most recent employer - Explain any gaps in employment. You may also attach a resume.)

1. Name and Address of Employer	Dates of Employment From _____ To _____
	Final Pay Rate
	Your Job Title
Telephone Number	Supervisor's Name
Your Job Duties	Reason for Leaving
2. Name and Address of Employer	Dates of Employment From _____ To _____
	Final Pay Rate
	Your Job Title
Telephone Number	Supervisor's Name
Your Job Duties	Reason for Leaving
3. Name and Address of Employer	Dates of Employment From _____ To _____
	Final Pay Rate
	Your Job Title
Telephone Number	Supervisor's Name
Your Job Duties	Reason for Leaving

Have you ever been dismissed or forced to resign from employment?  Yes  No

If "Yes", please explain:

\_\_\_\_\_

May we contact the employers/supervisors listed above?

Yes  Not Right Now; Contact at Later Date: \_\_\_\_\_  No

If "Not Right Now" or "No," list the employer(s) not to contact \_\_\_\_\_

If you have had any job training in the military, please describe below:

Branch of Service \_\_\_\_\_

List any business, professional, trade or civic organizations and offices held: (You may exclude any information which would reveal age, gender, race, color, religion, ancestry, disability or other protected status.) \_\_\_\_\_

\_\_\_\_\_

<b>EDUCATION</b>	High School	Technical/ Apprenticeship/ College/ University	Graduate/ Professional
School Name and Location (City, State)			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe any Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities			
Describe Any Honors You Have Received			
State Any Additional Information You Feel May be Helpful to Us in Considering Your Application			

**Copies of Certifications, Transcripts, Degrees and/or Licenses may be required.**

Please list any certifications, licenses, special skills, knowledge or abilities that you believe are relevant to the job for which you are applying: \_\_\_\_\_

**REFERENCES**

Provide the name, address and telephone numbers of **three (3) character references that you have known for at least one (1) year and are not related to you (i.e. not family or close friends)**. References should include work supervisors, teachers, coaches, counselors or volunteer/project leaders.

NAME	RELATIONSHIP	DAY TELEPHONE	EVENING TELEPHONE

**PRE-EMPLOYMENT INVESTIGATION AUTHORIZATION**

***This statement must be answered!***

I grant my approval for Wyman Center, Inc. to conduct reference, background and police checks.       Yes       No

**APPLICANT AGREEMENT AND CERTIFICATION**

The information I have provided herein is correct and complete to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated. I authorize Wyman Center, Inc. to contact previous employers, except where otherwise noted, for reference and verification of statements made. Wyman has my authorization to thoroughly investigate my educational background, past employment and personal history/activities that may relate in any way to my potential fitness for employment with Wyman. I will not hold any official Wyman representative liable for giving or receiving information in this investigation.

I acknowledge that Wyman is committed to providing a safe and healthy environment for campers, staff and customers. In keeping with this philosophy, I agree to uphold a drug, alcohol, and tobacco-free work and living environment that also prohibits weapons or firearms anywhere on the premises. I understand that this applies both on camp property and when out of camp as part of a Wyman trip or travel program. I share this commitment and am dedicated to being a role model for the youth Wyman serves.

I understand that if Wyman employs me that I may terminate my employment at any time and that Wyman may terminate my employment without notice or cause. I agree to abide by the rules and regulations of Wyman and I understand that Wyman will not enter into any agreement or contract, verbal or written, concerning length of employment, wages, benefits or other conditions of employment. At termination, Wyman is liable only for wages or salary or benefits earned as of the date of my termination.

I understand that my initial employment and continued employment with Wyman is contingent upon satisfactory reference, background and police checks.

**My signature below indicates I have read and agree to all the certifications and authorizations in this application.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## Skills and Experience Questionnaire

### Child and Youth Experience

Describe your experience working with children and youth through (i.e. internships, jobs and/or volunteer work.)

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### Camp Experience

Describe your experience working in day camp or residential camp settings.

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### Skills and Interests

Indicate your level of experience for each listed activity using the following scale:

- 1 = I have led this activity with groups.
- 2 = I have participated in the activity, but have not led it.
- 3 = I have little or no experience in this activity.

#### General Program:

- \_\_\_ Multicultural Activities
- \_\_\_ Conflict Resolution
- \_\_\_ Archery
- \_\_\_ Arts and Crafts
- \_\_\_ New Games
- \_\_\_ Drama/Theatre
- \_\_\_ Native American Lore
- \_\_\_ Camp Crafts
- \_\_\_ Recreational Games
- \_\_\_ Storytelling
- \_\_\_ Swimming
- \_\_\_ Singing/song leading
- \_\_\_ Outdoor Cooking
- \_\_\_ Nature Study
- \_\_\_ Teambuilding

#### Adventure Program:

- \_\_\_ Orienteering
- \_\_\_ Backpacking
- \_\_\_ Trekking
- \_\_\_ Rock Climbing
- \_\_\_ Canoe Tripping
- \_\_\_ Caving
- \_\_\_ Rappelling
- \_\_\_ Climbing Wall
- \_\_\_ High Challenge Course

#### Environmental Program:

- \_\_\_ Forest Ecology
- \_\_\_ Aquatic Ecology
- \_\_\_ Project Learning Tree
- \_\_\_ Nature's Classroom
- \_\_\_ Project Wild/Aquatic Wild

Other skills/talents:

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Check certifications/licenses you currently hold, and in the space next to the item, please note the expiration date.

- |                                                   |                                                                                    |
|---------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Adult CPR _____          | <input type="checkbox"/> WEMT _____                                                |
| <input type="checkbox"/> Infant/Child CPR _____   | <input type="checkbox"/> EMT _____                                                 |
| <input type="checkbox"/> First Aid _____          | <input type="checkbox"/> EMT-P _____                                               |
| <input type="checkbox"/> Lifeguard Training _____ | <input type="checkbox"/> Canoeing _____                                            |
| <input type="checkbox"/> WSI _____                | <input type="checkbox"/> Archery _____                                             |
| <input type="checkbox"/> WFR _____                | <input type="checkbox"/> Chauffer Driver's License<br>(in Missouri, Class E) _____ |
| <input type="checkbox"/> WFA _____                | <input type="checkbox"/> Other _____                                               |
| <input type="checkbox"/> WAFA _____               |                                                                                    |



*Attention Applicant: Signing this form allows Wyman to conduct a background investigation that includes checks of criminal and DMV records, child abuse registries, and a variety of other public records.*

## CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Wyman, or as a condition of my continued employment with Wyman, Wyman may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics, and trustworthiness.

I hereby authorize and consent to Wyman's procurement of such a report.

I understand that, pursuant to the federal Fair Credit Reporting Act, Wyman will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Wyman.

I further understand that any such report, along with the name and address of the reporting agency, will be made available to me prior to any decision being made.

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant or Employee

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### **FOR Wyman USE:**

Applicant's ID verified for background check, copy of photo ID is attached.

\_\_\_\_\_  
Signature of Wyman Staff Person

\_\_\_\_\_  
Date