



APPLICATION FOR EMPLOYMENT

Date _____

Name _____ Social Security No. _____

Last (include maiden name) First Middle

Permanent Address _____ Tele. No. _____

No. Street City State Zip

Cell No. _____

Temporary Address _____ Email _____

No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? ☐ Yes ☐ No (If yes, verification will be required.)

Are you 19 years old or older? ☐ Yes ☐ No

Would you consider working: Full Time Part Time Substitute Temporary

Position(s) applied for: Administrative Maintenance Kitchen Dorm Teaching

How did you learn of this position? _____

If you are currently employed, may we contact your present employer? ☐ Yes ☐ No

May we contact you at your business phone? ☐ Yes ☐ No

If your application is considered favorably, on what date will you be available for work? _____ 20____

Have you filed an application with us before? ☐ Yes ☐ No

Have you ever been employed here before? ☐ Yes ☐ No

Are there any other experiences, skills, or qualifications that will be of special benefit in the job for which you are applying?
(Applicant should not list any information that Federal and/or State law preclude obtaining in the pre-employment stage.)

RECORD OF EDUCATION

School	Name and Address of School	Course of Study/Major	Circle Last Year Completed				Did you Graduate?	Last Diploma or Degree
High School			9	10	11	12	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other (specify)			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

Record of Education (Continued)

Ohio Certified Teacher? Yes _____ No _____

Certificate Number: _____

Course listed on certificate: _____

Military Service Record

Have you served in the U.S. military service? ☐ Yes ☐ No

Dates Served: From _____

Branch: _____ Rank _____
Reserve _____

Please rate your general health. (Please circle) Excellent Good Fair

List any reasons you might be unable to perform consistently and promptly any of the job duties.

Have you ever been disciplined or fired by a former employer? ☐ Yes ☐ No If so why?

Have you ever been convicted of a felony crime? ☐ Yes ☐ No If yes, please explain:

COMMUNITY INVOLVEMENT/PROFESSIONAL ORGANIZATIONS

Please indicate any volunteer involvement in your community and/or professional organization affiliation.

Organization	Description	Dates

REFERENCES

Name	Address	Phone Number

COMPUTER SKILLS

Type of Software	Name of Software	Documents Created

LIST PREVIOUS EMPLOYERS – MOST RECENT FIRST

Dates From	Company Name		Title of Position
Dates To	Complete Address (include city and state)		Duties (including supervision)
Type of Organization			
Supervisor's Name		Supervisor's Phone Number	Final Salary/Base Rate of Pay
Reason for Leaving			Other Information

Dates From	Company Name		Title of Position
Dates To	Address (include city and state)		Duties (including supervision)
Type of Organization			
Supervisor's Name		Supervisor's Phone Number	Final Salary/Base Rate of Pay
Reason for Leaving:			Other Information

Dates From	Company Name		Title of Position
Dates To	Address (include city and state)		Duties (including supervision)
Type of Organization			
Supervisor's Name		Supervisor's Phone Number	Final Salary/ Base Rate of Pay
Reason for Leaving:			Other Information

1. Have you worked with children before? What age group? Where? What were your responsibilities?

2. Check below the areas in which you have knowledge: **(Teacher Applicants Only)**

- | | | |
|--|--|--|
| <input type="checkbox"/> Birds | <input type="checkbox"/> Outdoor Math | <input type="checkbox"/> Campfire Programs |
| <input type="checkbox"/> Reptiles & Amphibians | <input type="checkbox"/> Geology | <input type="checkbox"/> Survival Skills |
| <input type="checkbox"/> Mammals | <input type="checkbox"/> Digital Photography | <input type="checkbox"/> Indian Lore |
| <input type="checkbox"/> Weather/Atmospheric Studies | <input type="checkbox"/> Nature Trail | <input type="checkbox"/> Pioneer Lore |
| <input type="checkbox"/> Water | <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Sense Awareness |
| <input type="checkbox"/> Plants | <input type="checkbox"/> Insects | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Soil | <input type="checkbox"/> Astronomy | <input type="checkbox"/> Canoeing |
| <input type="checkbox"/> Trees | <input type="checkbox"/> Night Hikes | <input type="checkbox"/> Art & Craft |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Compass | <input type="checkbox"/> Dramatics |
| <input type="checkbox"/> New Games | <input type="checkbox"/> Ecology | <input type="checkbox"/> Singing |
| <input type="checkbox"/> GPS/Geocaching | <input type="checkbox"/> Teambuilding | |

3. Check below any additional skills:

- | | |
|---|--|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Newsletter Layout |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Bulk Mailing |
| <input type="checkbox"/> Shorthand | <input type="checkbox"/> Displays (Nature) |
| <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Bulletin Board |
| <input type="checkbox"/> Word Processor | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Carpentry Skills | <input type="checkbox"/> Fundraising |

4. Do you have any Life Saving, Water Safety, or Archery Certificate? Indicate and give date.

LS _____ WSI _____ Archery _____

5. In what way will a position at Mohican School assist you in the future?

6. What strengths do you have, in your opinion, that would contribute to a well-run, successful resident outdoor/environmental education program?

PLEASE READ AND SIGN BELOW

EEO STATEMENT:

The filing of this application does not imply that the applicant will eventually be employed. The applicant will be considered when a vacancy for which he or she is qualified occurs in competition with other applicants. All applicants will be given equal opportunity regardless of race, color, religion, national origin, sex, age, marital status, height, weight, arrest record, and/or handicap. Mohican School in the Out-of-Doors, Inc. (MOS) is an Equal Opportunity Employer.

AT WILL EMPLOYMENT:

I further understand and agree that should I become employed at School in the Out-of-Doors, Inc., my employment relationship is at will. It may be terminated by the employer or the employee at any time, for any reason or for no reason, with or without notice.

CERTIFICATION:

I certify that I have read and understand the above stated policies and that I will, if I accept employment with Mohican School in the Out-of-Doors, Inc (MOS), comply with these and all other MOS policies. I also certify that the answers in this application and other information submitted are true to the best of my knowledge. I realize that all the information furnished by me is important and that the MOS will rely on such information in engaging me and in continuing my employment. I am aware that this information may be verified and that any misrepresentation of facts shall constitute cause for dismissal regardless of when discovered by the MOS. In connection, I authorize all previous employers to cooperate with the MOS and to release, on a confidential basis, any information they may have concerning me.

Agreements:

1. I agree that my employment may be terminated by this school at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the school executive director, project director, or board of trustees executive committee at any time, I agree to submit to search of myself or any locker that may be assigned to me, or any vehicle of mine on the school grounds and I hereby waive all claim for damages on my account of such examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with the school.
2. Although the school makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than the normal Monday through Friday schedule. I understand and accept these as conditions of my continuing employment.
3. I agree to a fingerprint test by local law enforcement personnel selected by Mohican School. I give my permission to obtain a copy of any arrest or conviction record pertaining to me now on file of the Bureau of Criminal Identification and Investigation or if necessary from the Federal Bureau of Investigation.
4. It should be understood that if hired, I will be working with students from many different economic, religious, intellectual, racial, and ethnic backgrounds and that none of my actions will intentionally display prejudice. It is further understood that different school districts might have different rules and regulations governing behavior, and that I will need to be flexible in this area.
5. It is also understood that I will not use or have in my possession any alcohol or illegal drugs while on the school grounds. Because tobacco smoking has been declared hazardous to the health of human beings, I also agree to not use tobacco of any kind on the school grounds.

State law prohibits Mohican School from hiring any person convicted of or pleading guilty of or pleading guilty to certain designated offenses. If you come under final consideration for employment, the law requires you to provide a set of fingerprint impressions and that a criminal record check must be conducted. Satisfactory completion is a precondition to employment. Mohican can conditionally employ a person until the criminal record check is completed. The Mohican Board of Trustees requires prospective employees under final consideration to provide proof of no criminal record that would prohibit their employment at the school. The Mohican Board of Trustees requires an Ohio BCI and FBI check, pre-employment drug screening and a TB test, at the employee's expense.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

Signature of Applicant

Date

**APPLICANT ACKNOWLEDGEMENT, AUTHORIZATION, CONSENT, AND RELEASE
FOR PRE-EMPLOYMENT INVESTIGATION**

Please read carefully. This document contains a release.

I, _____ (please print full name) the undersigned Applicant for employment at the Mohican School in the Out-of-Doors, Inc. (MOS) acknowledge, authorize, and give my voluntary consent to a pre-employment investigation to be conducted by the MOS employees for the purpose of confirming and verifying the contents of my application for employment, resume, and/or letter of interest submitted by me and/or to confirm or verify any verbal representations made or to be made by me with respect to my consideration for employment with the MOS.

References

Further, I authorize and give my voluntary consent to the MOS investigating employees to contact any or all of my personal references, current and former employer(s), current and previous education institution(s) attended, and any other person(s) and organization(s) as deemed necessary by the MOS investigating employees for the purpose of making pre-employment inquiries and obtaining information concerning my character, academic and/or work record and experience.

Child Protection, Law Enforcement, Judicial Authorities

Further, I authorize and give my voluntary consent to the MOS investigating employees to contact any child protection agencies or registries, law enforcement authorities, and/or judicial authorities and to make pre-employment inquiries and to obtain any information and/or records related to me to determine if I have committed or have been convicted of any crimes and if there are any felony charges pending against me, including the nature of the crimes committed and/or the pending felony charges.

Legal Authorization to Work in the United States

Further, I acknowledge and understand that according to federal law, all individuals who are hired must as a condition of employment produce certain documentation to verify their identity and their legal authorization to work in the United States. As a consequence, I acknowledge and understand that any offer of employment to me is contingent on my ability to produce the required documentation within the time period required by law.

Personnel File/False or Misleading Statements

Further, I acknowledge, understand, and agree that if I should be employed by MOS, my application for employment and other related information, as deemed appropriate for retention, will become a permanent part of my personnel file. Further, I acknowledge, understand, and agree that any representations, omissions, or statements made by me during the pre-employment application and screening process which are subsequently discovered to be false or misleading, upon the discovery thereof will result in my discharge.

Read carefully. This document contains a release.

Dated: _____

(Full Name – please print)

Witness

Signature of Applicant