



**Employment Application**  
**Southeast 4-H Educational Center, Inc.**

15189 Airfield Rd.  
 Wakefield, VA 23888  
 757-899-4901

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Date</b>

<b>Permanent (Home) Address</b>	<b>Home Telephone</b> (   )
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<b>City, State, Zip Code</b>	<b>Cellular Telephone</b> (   )
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<b>School Address (if applicable)</b>	<b>E-Mail Address</b>
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<b>City, State, Zip Code</b>	<b>Best Way to Contact You:</b> Home      Cell      E-Mail
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<b>Position Desired:</b> <input type="checkbox"/> Center Staff – Please list which Department(s) you are interested in applying for: _____ <input type="checkbox"/> 4-H Staff*	<b>Pay Expected:</b>
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<b>Apart from absence for religious observance, are you available for full-time work?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If not, what hours can you work?</b> _____	<b>Will you work overtime if asked?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
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<b>Are you currently authorized to work in the United States on a full-time basis for any employers?</b>	<b>Will you be able to work weekends?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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School	Name & Location	Course of Study	No. of years completed	Did You Graduate?	Degree or Diploma
<b>Graduate</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>College</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Business/Trade/Technical</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>High School</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Elementary</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*If applying for a 4-H Summer Camp Staff or other 4-H Position, please complete the 4-H Specific sections of this application found on page 4.



<b>DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED</b>			
<p>If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.</p>			
<b>Provide dates you attended school:</b>	<b>High School</b>	<b>College</b>	
	<b>From:                      To:</b>	<b>From:                      To:</b>	
<input checked="" type="checkbox"/> <b>Are you a Vietnam veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> <b>Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> <b>What was your previous Address?</b>		<input checked="" type="checkbox"/> <b>How long at present address?</b> <b>Years</b>	
		<input checked="" type="checkbox"/> <b>How long at previous address?</b> <b>Years</b>	
<input checked="" type="checkbox"/> <b>Have you ever been bonded?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes," with what employers?</b>		<input checked="" type="checkbox"/> <b>Are you over 18 years of age?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If not, employment is subject to verification of age.</b>	
<input checked="" type="checkbox"/> <b>Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes," describe in full.</b>			
<input checked="" type="checkbox"/> <b>State names of relatives and friends working for us, other than your spouse.</b>			

<b>We may contact the employers listed above unless you indicate those you do not want us to contact</b>		<b>Do not contact</b>
		<b>Employer Name(s)_____</b>
		<b>Reason:</b>
<b>Military</b>	<input checked="" type="checkbox"/> <b>Did you serve in the U.S. Armed forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If "Yes," in what Branch?</b>

## 4-H APPLICANTS – SPECIFIC INFORMATION

### SKILLS AND INTERESTS

<b>Position Desired:</b> <input type="checkbox"/> 4-H Camp Instructional Staff Member <input type="checkbox"/> Camp Medic/EMT (please list relevant training/certifications) <input type="checkbox"/> Administrative Assistant to the Program Director <input type="checkbox"/> Lifeguard/Swim Instructor; (please list relevant training/certifications)	<b>Dates Available to Work:</b>  <b>Start:</b> _____ <b>End:</b> _____
<p><i>Skills Rating: Please list your knowledge and skills in the following areas using the following values: 0= No Interest; 1= No Experience; 2= Some Knowledge; 3= Can Assist in Structured Activity; 4= Can Instruct Activity</i></p> <p>           __Crafts      __Athletics      __Song Leadership      __Outdoor Camping            __Low Ropes/Challenge Course      __High Ropes      __Archery      __Canoeing      __Swimming            __Aquatic Science      __Nature Study      __Performing Arts      __Animal Science/Horsemanship            __Leadership Development      __Supervisory Skills      __Campfire Programs      __Riflery      __Shotgun            __Robotics      __Other (Please specify) _____      __Other (Please specify) _____            __Computers/Software (Please list programs you have experience in and at what level of proficiency):         </p> <p>Specific Positions Available – Please check any that you are considering applying for:</p> <input type="checkbox"/> 4-H Camp Instructional Staff Member <input type="checkbox"/> Camp Medic/EMT (please list relevant training/certifications) <input type="checkbox"/> Administrative Assistant to the Program Director <input type="checkbox"/> Lifeguard/Swim Instructor; (please list relevant training/certifications)	

### REFERENCES

Please list three references that are unrelated to you who have knowledge of your work abilities. Give <u>complete</u> addresses, including ZIP codes, and phone numbers.			
Name/Title	Address	Phone Number(s)	E-Mail
1.			
2.			
3.			

All applicants for 4-H positions should complete this application and return to the Attention of the Program Director at 15189 Airfield Road, Wakefield, VA 23888.

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR EMPLOYER'S USE ONLY**

<b>Employer</b>	<b>Person Contact</b>	<b>Results</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

<b>Tests Administered</b>	<b>Raw Score</b>	<b>Rating</b>	<b>Analysis and Comments</b>

<b>Interviewer Name and Comments</b>