



Employment Application
Southeast 4-H Educational Center, Inc.

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

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

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED			
<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>			
Provide dates you attended school:	High School	College	
	From: To:	From: To:	
<input checked="" type="checkbox"/> Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> What was your previous Address?		<input checked="" type="checkbox"/> How long at present address? Years	
		<input checked="" type="checkbox"/> How long at previous address? Years	
<input checked="" type="checkbox"/> Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?		<input checked="" type="checkbox"/> Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.	
<input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.			
<input checked="" type="checkbox"/> State names of relatives and friends working for us, other than your spouse.			

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

4-H APPLICANTS – SPECIFIC INFORMATION

SKILLS AND INTERESTS

Position Desired: <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)	Dates Available to Work: Start: _____ End: _____
<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> <input type="checkbox"/> Crafts <input type="checkbox"/> Athletics <input type="checkbox"/> Song Leadership <input type="checkbox"/> Outdoor Camping <input type="checkbox"/> Low Ropes/Challenge Course <input type="checkbox"/> High Ropes <input type="checkbox"/> Archery <input type="checkbox"/> Canoeing <input type="checkbox"/> Swimming <input type="checkbox"/> Aquatic Science <input type="checkbox"/> Nature Study <input type="checkbox"/> Performing Arts <input type="checkbox"/> Animal Science/Horsemanship <input type="checkbox"/> Leadership Development <input type="checkbox"/> Supervisory Skills <input type="checkbox"/> Campfire Programs <input type="checkbox"/> Riflery <input type="checkbox"/> Shotgun <input type="checkbox"/> Robotics <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> 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: <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) </p>	

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

Employer	Person Contact	Results
1		
2		
3		
4		

Tests Administered	Raw Score	Rating	Analysis and Comments

Interviewer Name and Comments