

UPWARD BOUND SUMMER STAFF APPLICATION

Personal Information:

Last Name	First Name	Middle Name or Initial	Date of Birth
Present Address (Number, Street, Date Residence Expires)	City	State	Zip Code ()
Permanent Address (if different from above)	City	State	Zip Code ()
Email Address	Best time(s) of day to reach you by phone		

Staff Position(s) Desired: rate in order of preference if applying for more than one position

<ul style="list-style-type: none"> • Residential Coordinator • Residential Advisor 	1st Choice:		
	2nd Choice:		
Dates of availability: (When can you start? When must you end?)		Start date	End date

Work Experience (paid or volunteer):

Name of Employer	Title or Position		
Description of duties/role:			
Address	City	State	Zip Code
Employment Dates (Month & Year) From: To:	Name and Title of Immediate Supervisor		Area Code & Phone Number ()

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Description of duties/role:			
Address	City	State	Zip Code
Employment Dates (Month & Year) From: To:	Name and Title of Immediate Supervisor		Area Code & Phone Number ()

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Description of duties/role:				
Address		City	State	Zip Code
Employment Dates (Month & Year) From: To:		Name and Title of Immediate Supervisor		Area Code & Phone Number ()

Name of Employer		Title or Position		
Description of duties/role:				
Address		City	State	Zip Code
Employment Dates (Month & Year) From: To:		Name and Title of Immediate Supervisor		Area Code & Phone Number ()

Training/Certification

Check courses taken for special skills, current certification or leadership. Indicate expiration date. (Proof of certification will be required.)

First Aid <input type="checkbox"/>	CPR <input type="checkbox"/>	Life Guarding Experience <input type="checkbox"/>	Teaching Certificate <input type="checkbox"/>
Expires:	Expires:	Expires:	Expires:

Are 21 or older AND possess a valid driver's license. (This is not a requirement for employment; however, some staff duties may include driving rental vehicles.)

If so, are you available to drive? Yes No Driver's license # _____ State _____

Expiration Date: _____

DMV records will be obtained and reviewed for employees for whom driving is a job responsibility.

Skills/Interest Areas

Please rate your proficiency in the following activities by writing the number that best matches your skill level next to the activity.

0=No Experience 1=Participated in Activity 2=Qualified to Assist 3=Qualified to Teach/Lead

Language Arts

- _____ English Composition
- _____ English Literature
- _____ Language other than English:
- _____ Speaking
- _____ Reading
- _____ Writing
- _____ American Sign Language

Other: _____

Sciences

- _____ Biology
- _____ Chemistry
- _____ Physics

Other: _____

Math

- _____ Algebra 1
- _____ Geometry
- _____ Algebra 2
- _____ Pre-Calculus
- _____ Other: _____

Visual and Performing Arts

- _____ Theatre/ Drama
- _____ Dancing/Choreography
- _____ Music
- _____ Tie Dye
- _____ Drawing Sketching
- _____ Knitting/ Weaving
- _____ Cinematography
- _____ Digital Photography

Other: _____

Team Building:

- _____ New Games
- _____ Team Initiatives
- _____ Low Ropes

Other: _____

Sports:

- _____ Basketball
- _____ Baseball/ softball
- _____ Soccer
- _____ Frisbee/ ultimate Frisbee
- _____ Football
- _____ Volleyball
- _____ Weight lifting

Other: _____

References

List 3 people **NOT** related to you who can attest to your qualifications for the position for which you are applying. Include one of your previously listed employers. A minimum of 2 references are required in order to complete the hiring process for new staff members, and 1 reference is required for returning staff..

Name	Profession	Area Code & Phone Number	Business or Home Address / Email
		Bus. () Home ()	Address: Email:
		Bus. () Home ()	Address: Email:
		Bus. () Home ()	Address: Email:

I hereby authorize College of the Redwoods to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to College of the Redwoods any and all letters, reports and other information related to my work records, without giving prior notice of such disclosure. In addition, I hereby release College of the Redwoods, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

(Check all that apply)

- Present Employer
 Previous Employers
 References Listed

Signature _____

Date _____

Please save and email your completed application, a cover letter, resume, and your most recent

academic transcripts to: heidi-bareilles@redwoods.edu