

# UPWARD BOUND SUMMER INSTRUCTOR APPLICATION

## Personal Information:

Last Name	First Name	Middle Name or Initial	Date of Birth
Present Address (Number, Street, Date Residence)	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		

## Education

School or Institution	Name and Location	No. of Years Completed	Graduated	Course of Study	Degree/Certificate
Junior College (if applicable)					
Other College or University					
Graduate School					
Business, Trade, or Service Schools					

## 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 (      ) -

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 (      ) -

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 (      )      -

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.) <input type="checkbox"/>			
If so, are you available to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No    Driver's license # _____ State _____			
Expiration Date: _____			
DMV records will be obtained and reviewed for employees for whom driving is a job responsibility.			

### 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. (      )      -	Address:
		Home (      )      -	Email:
		Bus. (      )      -	Address:
		Home (      )      -	Email:
		Bus. (      )      -	Address:
		Home (      )      -	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 email your application, resume, cover letter, and your course proposal to [heidi-bareilles@redwoods.edu](mailto:heidi-bareilles@redwoods.edu)