

# UPWARD BOUND SUMMER INSTRUCTOR APPLICATION

## Personal Information:

Last Name	First Name	Middle Name or Initial	Date of Birth
Preferred Name (if different)	Sex	Gender	Pronouns: he/she/they (optional)
Present Address (Number, Street, Date Residence Expires)	City	State	Zip Code Area Code & Phone Number ( )
Permanent Address (if different from above)	City	State	Zip Code Area Code & Phone Number ( )
Email Address	Best time(s) of day to reach you by phone		

## Education

School or Institution	Name and Location	No. of Years Completed	Graduated (Y/N)	Course of Study	Degree/Certificate
Junior College (if applicable)					
Other College or University (if applicable)					
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)	Name and Title of Immediate Supervisor		Area Code & Phone Number
From:                      To:			(       )

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

## 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  
 \_\_\_\_\_ Video/ DVD Production  
 \_\_\_\_\_ Digital Photography

Other: \_\_\_\_\_

### Team Building:

\_\_\_\_\_ New Games  
 \_\_\_\_\_ Team Initiatives  
 \_\_\_\_\_ Low Ropes

Other: \_\_\_\_\_

### Sports:

\_\_\_\_\_ Basketball  
 \_\_\_\_\_ Baseball/ softball  
 \_\_\_\_\_ Soccer  
 \_\_\_\_\_ Pickle Ball  
 \_\_\_\_\_ 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. (      )	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 save and email your completed application, a cover letter, resume, and your most recent

academic transcripts to: heidi-bareilles@redwoods.edu