

**UNIVERSITY OF RHODE ISLAND - W. ALTON JONES CAMPUS**  
**ENVIRONMENTAL EDUCATION CENTER**  
**401 VICTORY HIGHWAY, WEST GREENWICH, RI 02817-2158**  
**PHONE: 401-397-3304X 6043 FAX: 401-397-3293**  
**APPLICATION FOR EMPLOYMENT**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
**Current Address:** \_\_\_\_\_ Valid until \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Telephone: (DAY) \_\_\_\_\_ (NIGHT) \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
 Telephone: (DAY) \_\_\_\_\_ (NIGHT) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ EXP. \_\_\_\_\_  
 How did you learn about W. Alton Jones? \_\_\_\_\_  
**Position(s) for which you are applying:** \_\_\_\_\_

**EDUCATION**

School or College	Dates Attended	Course of Study	Type of Degree Obtained or Highest Level Completed/# of Credits

**RELATED EMPLOYMENT EXPERIENCE**

PLEASE LIST IN CHRONOLOGICAL ORDER, MOST RECENT EXPERIENCE FIRST. *NOTE: A CURRENT RESUMÉ IS REQUIRED.*

- Organization: \_\_\_\_\_ Dates Employed : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name & Telephone Number of Supervisor: \_\_\_\_\_  
 Your Position & Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_
  
- Organization: \_\_\_\_\_ Dates Employed : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name & Telephone Number of Supervisor: \_\_\_\_\_  
 Your Position & Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_
  
- Organization: \_\_\_\_\_ Dates Employed : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name & Telephone Number of Supervisor: \_\_\_\_\_  
 Your Position & Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL EXPERIENCE**

Please list additionally experience you have had working with young people, including volunteer work, (mention ages, where, duration, and the position) and/or additional experience you have had living and working intensively with a group of people.

**TRAINING, SKILLS, AND CERTIFICATIONS**

Certification	Exp. Date	Date Will Acquire
CPR		
First Aid		
Small Craft Safety		
WSI/Lifeguard		
WEMT/EMT/WFR/WFA		
Teacher Certification		
Other		

**Please rate your proficiency in the following activities:**

**1- No Experience    2- Participated in Activity    3- Qualified to Assist    4- Qualified to Teach/Lead**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Forest Ecology      | <input type="checkbox"/> Low-Ropes Course    | <input type="checkbox"/> Music            | <input type="checkbox"/> Driving 15 Pass.<br>Vans & or Trailers |
| <input type="checkbox"/> Wetland Ecology     | <input type="checkbox"/> Orienteering        | <input type="checkbox"/> Photography      |   |
| <input type="checkbox"/> Coastal Ecology     | <input type="checkbox"/> Wilderness Survival | <input type="checkbox"/> No-Trace Camping |   |
| <input type="checkbox"/> Early Amer. History | <input type="checkbox"/> Conservation Work   | <input type="checkbox"/> Outdoor Cooking  | OTHER:  |
| <input type="checkbox"/> Native Amer. Skills | <input type="checkbox"/> Animal Care         | <input type="checkbox"/> Lake Canoeing    | _____   |
| <input type="checkbox"/> Living History      | <input type="checkbox"/> Gardening           | <input type="checkbox"/> River Canoeing   | _____   |
| <input type="checkbox"/> Astronomy           | <input type="checkbox"/> Story Telling       | <input type="checkbox"/> River Kayaking   | _____   |
| <input type="checkbox"/> Night Hike          | <input type="checkbox"/> Arts & Crafts       | <input type="checkbox"/> Backpacking      |   |
| <input type="checkbox"/> New Games           | <input type="checkbox"/> Song Leading        | <input type="checkbox"/> Rock Climbing    |   |
| <input type="checkbox"/> Group Building      | <input type="checkbox"/> Leading Big Groups  | <input type="checkbox"/> Rappelling       |   |

\*Have you ever been convicted of a crime or are you now under charges for any offense against the law? (Including all felony and misdemeanor convictions and all convictions in state and federal courts even if you plead nolo contendere and/or you did not spend any time in jail and/or were not required to pay a fine.)  No  Yes

\*Have you ever been fired from any job for any reason?  No  Yes

\*Have you ever quit a job after being notified that you would be fired?  No  Yes

\*If you answered yes to any of these questions, please provide a complete description of the circumstances surrounding the incident(s) including the dates, places, and your signature on a separate sheet.

I understand that a criminal background check will be conducted and that I have the right to obtain a copy of the report and challenge its accuracy. I also understand that prior to completion of the check, access to children in an employee capacity may be denied.

I certify that there are no willful misrepresentations and falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations and falsifications, my application may be rejected and, should I be employed, my service may be terminated and I may face criminal charges.

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