

Please fill out all of the sections below:

Northern Lights High Adventure Base Staff Application



Northern Lights High Adventure Base is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Applicant Information:		
Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Positions: Position(s) applying for		
□ Director		
□ Support Staff		
□ Trek Leader		
How did you hear about this position?		
What days are you available for work?		
On what date can you start working if you are hired?		
Do you have reliable transportation to and from work?		
Salary desired?		

Personal Information:	Yes	No
Are you 18 years of age or older?		
Are you a U.S. citizen or approved to work in the United States?		
What document can you provide as proof of citizenship or legal status?		
Do you have any condition which would require job accommodations?		
If yes, please describe accommodations required below.		
Have you ever been convicted of criminal offense (felony or misdemeanor)?		
Do you have a Scouting background?		
If so, how many years?	-	
Please list any leadership courses you have taken.	-	
Have you attended a Scouting High Adventure activity? If so, please list.		
Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying:	- 1	

(Note: Northern Lights High Adventure Base complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Job Skills/Qualifications (cont.) List any training or certifications you have:					
	or outdoor experience (in particular, or the Northern Lights High Adventu		ken) and why you		
Education and T	<u>Training</u>				
Name	Location (City, State)	Year Graduated	Degree Earned		
College/University					
Name	Location (City, State)	Year Graduated	Degree Earned		
Vocational School	/Specialized Training				
Name	Location (City, State)	Year Graduated	Degree Earned		
Military:		L	<u> </u>		
	of the Armed Services?				
	military did you enlist?				
What was your milit discharged?	ary rank when				
How many years did military?	d you serve in the				
What military skills	do you possess that would be an as	sset for this position?			
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Previous Employment

Employer Name:	·
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	~
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information:
Please use space below to tell us any	y additional information you wish us to know.
AT-WILL EMPLOYMENT	
"employment at will." This means any reason, with or without cause, Adventure Base. No representative enter into any agreement contrary understand that your employment	the Northern Lights High Adventure Base is referred to as that your employment can be terminated at any time for with or without notice, by you or the Northern Lights High of Northern Lights High Adventure Base has authority to to the foregoing "employment at will" relationship. You is "at will", and that you acknowledge that no oral or writregarding your employment can alter your at-will employ-
If under age 18, this application must	be approved by your parent or guardian.
Name of parent or guardian (Please p	orint):
Signature of parent or guardian:	
Applicant	Date:
Signature:	