



## EDUCATION

Schools attended	Circle Highest Grade Completed	Did you Graduate?	Name and Location of School Last Attended
Elementary	1 2 3 4 5 6 7 8		
High School	9 10 11 12		

If you passed the General Education Development Test in lieu of High School graduation, indicate the following:  
 Issue Date of GED Certificate: \_\_\_\_\_ Issuing Agency \_\_\_\_\_

College, University, Business, Technical, Professional or Other Schools or Special Courses.	Name & Location	Credit Hours Earned	Did you Graduate	Degree Granted	Type Course or Major Subject

Skills: \_\_\_\_\_

Computer Software Proficiencies: \_\_\_\_\_

Given any special qualifications of skills not covered elsewhere, and date obtained if applicable, such as membership in professional or technical associations, licenses.

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin. Please check box if you do not wish your current employer to be contacted.

1	Employer Telephone ( )	Date Employed		Work Performed
		From Mo./Yr.	To Mo./Yr.	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer Telephone ( )	Date Employed		Work Performed
		From Mo./Yr.	To Mo./Yr.	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			

	Reason for Leaving			
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**EMPLOYMENT EXPERIENCE (continued)**

<b>3</b>	Employer	Telephone ( )	Date Employed		Work Performed
			From Mo./Yr.	To Mo./Yr.	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
<b>4</b>	Employer	Telephone ( )	Date Employed		Work Performed
			From Mo./Yr.	To Mo./Yr.	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					
<b>5</b>	Employer	Telephone ( )	Date Employed		Work Performed
			From Mo./Yr.	To Mo./Yr.	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason for Leaving					

**Use This Section for Additional Information or Comments**

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How were you referred to the Friends of Silver Lake Nature Center? (Please check one)

Ad \_\_\_\_\_ Agency \_\_\_\_\_ Walk-In \_\_\_\_\_ Organization \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_

**Please read carefully and acknowledge the following statements by signing your name where designated.**

I understand that my application does not guarantee employment or that I will be hired for employment.

I understand that my employment can be terminated at any time without cause and without prior notice.

I authorize investigation by the Friends of Silver Lake Nature Center of all statements contained in the application.

I recognize that the work with the Friends of Silver Lake Nature Center requires that I complete the necessary police background and child abuse checks. I agree to complete and submit the proper forms if I am hired.

I certify that all information given on this application, related papers or oral interviews is true and correct to the best of my knowledge. I understand that falsification of any part of this application is grounds for rejection from employment, or if employed, dismissal.

I understand that the Friends of Silver Lake Nature Center will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigations and the giving and receiving or any information requested by the Friends of Silver Lake Nature Center and release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired (or if hired, may subject me to immediate dismissal).

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Date

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Signature

**For Office Use Only**

## PERSONAL REFERENCES

Please list a minimum of *three* references below:

#	NAME	OCCUPATION	ADDRESS	TELEPHONE
1.	_____	_____	_____	_____
	_____	_____	_____	_____
2.	_____	_____	_____	_____
	_____	_____	_____	_____
3.	_____	_____	_____	_____
	_____	_____	_____	_____
4.	_____	_____	_____	_____
	_____	_____	_____	_____
5.	_____	_____	_____	_____
	_____	_____	_____	_____

You are hereby authorized to contact any of the references listed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date