



**EMPLOYMENT HISTORY**

MOST RECENT EMPLOYER FIRST:

EMPLOYER: \_\_\_\_\_

PHONE:(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MONTHS WORKED AT THIS POSITION: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR WHO IS FAMILIAR WITH YOUR WORK: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PHONE:(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MONTHS WORKED AT THIS POSITION: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR WHO IS FAMILIAR WITH YOUR WORK: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PHONE:(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MONTHS WORKED AT THIS POSITION: \_\_\_\_\_

DUTIES: \_\_\_\_\_

SUPERVISOR WHO IS FAMILIAR WITH YOUR WORK: \_\_\_\_\_

USE ADDITIONAL SHEET IF NECESSARY.

HAVE YOU EVER WORKED AT A SUMMER CAMP IN THE PAST?  YES  NO

WHEN: \_\_\_\_\_ WHERE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

PHONE # \_\_\_\_\_

PLEASE PROVIDE THREE REFERENCES WHO ARE NOT RELATED TO YOU IN ANY WAY.

NAME: \_\_\_\_\_

PHONE:(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE:(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE:(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 5 YEARS?  YES  NO  
(A conviction will not necessarily disqualify you for the position for which you are applying.)

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

IF THE POSITION FOR WHICH YOU ARE APPLYING MAY REQUIRE DRIVING, DO YOU HAVE A DRIVER'S LICENSE?  YES  NO

LIST EXPERIENCE(S) IN SUPERVISION OF OTHER EMPLOYEES OR VOLUNTEERS: \_\_\_\_\_

LIST EXPERIENCE(S) IN INSTRUCTION (IN OR OUTSIDE OF CLASSROOM) OF OTHERS: \_\_\_\_\_

HAVE YOU HAD ANY EXPERIENCE IN:

PUBLIC SPEAKING? \_\_\_\_\_

CAMPING? \_\_\_\_\_

FIREARM SAFETY TRAINING OR USE OF FIREARMS? \_\_\_\_\_

IF TRAINING WERE PROVIDED, WOULD YOU BE INTERESTED IN RECEIVING TRAINING AS A CERTIFIED FIREARMS INSTRUCTOR?  YES  NO

LIST SPECIAL SKILLS (ART, MUSIC, ETC.): \_\_\_\_\_

LIST ANY CERTIFICATIONS YOU HAVE (OR HAVE RECENTLY HELD) (E.G., WSI, LIFEGUARD, CPR, ETC):

PERMISSION IS HEREBY GIVEN TO LONG LAKE CONSERVATION CENTER AND AITKIN COUNTY TO INVESTIGATE PREVIOUS EMPLOYMENT, EDUCATIONAL BACKGROUND AND REFERENCES. THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION WILL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Applications are to be returned to: Long Lake Conservation Center  
28952 438th Lane  
Palisade, MN 56469

"AN EQUAL OPPORTUNITY EMPLOYER"