

# LLCC Assistant Summer Program Director Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (please include all numbers and times at which you can be reached) \_\_\_\_\_

Email address: \_\_\_\_\_

Education: (Please include secondary and post-secondary. Include class rank or some other indicator such as G.P.A.).

	Graduated	G.P.A.
1. _____	Y or N _____	_____
2. _____	Y or N _____	_____
3. _____	Y or N _____	_____

Course of Study: \_\_\_\_\_

Employment history: (list your last three jobs held starting with the most recent)

1. Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Duties: \_\_\_\_\_

Can we contact this employer? Yes  No

2. Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Duties: \_\_\_\_\_

Can we contact this employer? Yes  No

3. Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Duties: \_\_\_\_\_

Can we contact this employer? Yes  No

Please describe yourself with 7 well-chosen words.

\_\_\_\_\_  
\_\_\_\_\_

**List at least 3 References**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email \_\_\_\_\_  
Relation to you: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email \_\_\_\_\_  
Relation to you: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email \_\_\_\_\_  
Relation to you: \_\_\_\_\_

Why would you like to work at LLCC? What would you like to accomplish?  
\_\_\_\_\_  
\_\_\_\_\_

Describe your experience teaching (or public speaking) and working with children.  
\_\_\_\_\_  
\_\_\_\_\_

Describe your experience in overseeing others (children or adults).  
\_\_\_\_\_  
\_\_\_\_\_

Describe your experience with hunting and/or firearms. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to be trained as a firearm safety instructor? Yes  No   
Do you have a valid driver's license? Yes  No   
Have you been convicted of a felony? Yes  No

List any certifications you have (or have recently held) (E.G.WSI, Lifeguard, CPR, Etc.)  
\_\_\_\_\_  
\_\_\_\_\_

What special skills can you share?  
\_\_\_\_\_  
\_\_\_\_\_

Send application to: Ryan Perish, Instruction Coordinator  
Long Lake Conservation Center  
28952 438th Lane  
Palisade, Minnesota 56469  
Fax: 1-218-768-2309  
ryan@llcc.org