

Long Lake Conservation Center Seasonal Naturalist

Long Lake Conservation Center (LLCC) is seeking candidates for three seasonal naturalist positions. Seasonal Naturalists at LLCC both learn and teach. They *learn* through observation of and interaction with our creative and dynamic staff of Naturalists. They *teach* by sharing knowledge with students, and also by bringing fresh insights and individual expertise to our community.

Seasonal Naturalist responsibilities:

- ❖ care for the health, safety, enjoyment, and enrichment of our visiting students.
- ❖ observe, take notes, and teach classes.
- ❖ teach and lead classes independently, after exposure to the curriculum.
- ❖ work weekends on a rotating basis.
- ❖ willingly work outdoors in all kinds of weather.
- ❖ assist in all aspects of the education department (critter care, equipment upkeep, etc.).

Seasonal Naturalist benefits:

- ❖ learn about all aspects of a residential learning center, including food service, maintenance, and administration.
- ❖ receive regular evaluations and feedback from the Instruction Coordinator.
- ❖ live on campus in a private apartment at the south end of the North Star Lodge. (The apartment has private sleeping quarters, and shared living space. Computer with internet access is available.)
- ❖ be provided with room, board, and a stipend of \$290.00/week.
- ❖ CPR and standard first aid certification will be provided if so needed

Seasonal Naturalists come to LLCC for an entire academic year, September through May. It is also possible to spend either the fall or spring term. Seasonal Naturalists may also return for an additional academic year.

Seasonal Naturalists are recent graduates with bachelor's degrees in biological sciences, environmental education, recreation, or related fields. We also consider applicants from a wider variety of fields. Responsibilities/privileges may vary according to prior experience.

Seasonal Naturalists are considered on a first-come, first-served basis. Positions are now available for the 2012-2013 academic year.

How to apply: Applications are available on LLCC's website (www.llcc.org), Aitkin County's website (www.co.aitkin.mn.us), or send us an email requesting an application. Open until filled. Submitted applications will be reviewed on February 29, 2012.

Questions, please contact:

Ryan Perish, Instruction Coordinator (ryan@llcc.org)
Long Lake Conservation Center
28952 438th Lane
Palisade, MN 56469
218-768-4653 or 1-800-450-5522
Web address: www.llcc.org

Name: _____

Aitkin County
Seasonal Naturalist
Supplemental Application Form

1	Do you have an AS, BA, or BS degree in Natural Science, or any other degree with an interest in environmental education? If yes, specify degree: _____ Please attach a copy of your transcripts. (An unofficial copy is acceptable at time of application.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do you have knowledge of curriculum and activities in the above fields?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you have knowledge of current educational techniques?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you have skill in outdoor recreation (canoeing, archery, cross country skiing, or snowshoeing)? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Have you ever worked as a naturalist or educator teaching environmental education? If yes, list where the experience was gained:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	How many years of experience do you have in teaching students? Summarize your experience working at the various grade levels (pre-K through grade 12):	<input type="checkbox"/> 3 or more years <input type="checkbox"/> 2 or more years <input type="checkbox"/> 1 or more years <input type="checkbox"/> Less than 1 year <input type="checkbox"/> No experience
7	Are you skilled in public speaking? If yes, list where the experience was gained:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Check all that apply. I have considerable experience in the following areas: (Also indicate where the experience was gained in the right-hand column.) a. <input type="checkbox"/> VCR/DVD. b. <input type="checkbox"/> Overhead Projector. c. <input type="checkbox"/> Microphones. d. <input type="checkbox"/> Laptop and projector. e. <input type="checkbox"/> Word processor. f. <input type="checkbox"/> Computer/internet	Indicate where the experience was gained (i.e. name of employer). Do not leave blank. a. _____ b. _____ c. _____ d. _____ e. _____ f. _____
9	Do you have experience conducting and leading <i>outdoor recreation</i> programs such as canoeing, archery, cross country skiing, snowshoeing or navigation? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Are you currently certified in first aid? If yes, include certification expiration date:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continued on next page.

Name: _____

Aitkin County
Seasonal Naturalist
Supplemental Application Form, Page 2 of 2

11	Are you currently certified in CPR? If yes, include certification expiration date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	This position involves overseeing and caring for resident animals. Do you have experience caring for and handling live specimens? If yes, describe your experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Do you have experience creating, evaluating, and updating curriculum? If yes, describe your experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Do you have a valid Minnesota driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Are you applying for Veteran's Preference points?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you previously been employed by Aitkin County? If yes, identify dates of employment and position title:	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are selected as a finalist, please be prepared to bring 3 letters of reference along to your interview. We prefer letters from your current and/or former supervisors.

AITKIN COUNTY APPLICATION FOR EMPLOYMENT

AITKIN COUNTY HUMAN RESOURCES DEPARTMENT

217 Second Street NW Room 130, Aitkin, MN 56431

Phone: 218-927-7306

Fax: 218-927-7374

Important Facts About Information On Your Application

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to agencies where you may be considered for employment except as necessary for tax purposes or as otherwise required by state or federal law. (M.S. § 13.43, Subd. 2)

- **IMPORTANT! Be sure to complete all parts of the application.** Please be sure to read the job description and any special instructions carefully before you complete this application.
- Points are awarded for education and experience based upon the information in this application, so be sure to complete all sections in detail. Interviews are then granted based upon total points received.
- Complete a separate application for each job. Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies and faxed copies are acceptable.
- **Resumes will not be accepted in lieu of a completed application.** Please do not submit resumes, work samples or letters of recommendation with the application; however, you may do so at the time of an interview if you wish.
- Your application and all attachments become the property of Aitkin County and will not be returned.
- We cannot be responsible for failure of other agencies or postal services to forward applications by the deadline. **Applications will not be accepted after the closing date/time (Central Time) of the job announcement.**

◆Keep a copy of your completed application◆

PLEASE TYPE OR PRINT IN DARK INK.

Title of Position you are applying for:	Applying for: Full Time _____ Part Time _____	<i>FOR OFFICE USE</i>
Last Name: _____	First Name: _____	Middle Name: _____
Mailing Address: _____	City: _____	State & Zip Code: _____
Please include area code for each number provided. Home Telephone Number: _____ Cell Phone Number: _____ Work Phone Number: _____	Have you previously been employed by Aitkin County? If yes, date: _____ Position: _____	
E-Mail Address: _____	<i>FOR OFFICE USE</i> Application Number: _____	

AITKIN COUNTY APPLICATION FOR EMPLOYMENT

1) Your employment may involve occasional use of a public vehicle.
 Do you have a valid driver's license? Yes No
 If yes, what class? A B C D Endorsements: _____

2) Education. Did you graduate or receive a GED?
 Yes No

Names & locations of colleges, universities, technical schools	Did you graduate?	Certificate/Degree	Course of study
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

3) Office Equipment/Computer Experience (only considered if a requirement for the job). For the Office Equipment/Computer software you have used below, please **rate your proficiency on a scale of 1– 5, 1 being a beginner and 5 being an expert:**

Windows Microsoft Office Word Processing Spreadsheets
 AS 400 Fax Photocopier Telephone
 Other: _____ Typing Speed: _____ wpm

4) Relevant current professional memberships, registrations, or licenses. Include date first issued.

5) Describe any additional experience or training that qualifies you for this job.

6) Job-Relevant Volunteer and Unpaid Work Experience

Kind of Volunteer Activity (Do not specify organization)	Major Responsibilities	Number of Hours/Month	Years/Months Involved

For office use only – application #:

7) Employment History. Experience and training ratings are determined by this information.
PLEASE BE COMPLETE. List your present or most recent experience first.

Employment Firm:

Mailing Address:

Telephone #:

Your Title:

Supervisor's Name:

Number & type of positions you supervised:

Principal Responsibilities – Be Complete

Length of Employment

From _____
Month Day Year

To _____
Month Day Year

Total _____
Years Months

Hours per Week _____

Reason for Leaving

May we contact this employer?

Yes No

If no, explain:

Current salary or wage:

\$ _____

Employment Firm:

Mailing Address:

Telephone #: _____

Your Title:

Supervisor's Name:

Number & type of positions you supervised:

Principal Responsibilities – Be Complete

Length of Employment

From _____
Month Day Year

To _____
Month Day Year

Total _____
Years Months

Hours per Week _____

Reason for Leaving

May we contact this employer?

Yes No

If no, explain:

Employment Firm:

Mailing Address:

Telephone #: _____

Your Title:

Supervisor's Name:

Number & type of positions you supervised:

Principal Responsibilities – Be Complete

Length of Employment

From _____
Month Day Year

To _____
Month Day Year

Total _____
Years Months

Hours per Week _____

Reason for Leaving

May we contact this employer?

Yes No

If no, explain:

Employment Firm:

Mailing Address:

Telephone #: _____

Your Title:

Supervisor's Name:

Number & type of positions you supervised:

Principal Responsibilities – Be Complete

Length of Employment

From _____
Month Day Year

To _____
Month Day Year

Total _____
Years Months

Hours per Week _____

Reason for Leaving

May we contact this employer?

Yes No

If no, explain:

EQUAL EMPLOYMENT OPPORTUNITY

Aitkin County will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

EMPLOYMENT VERIFICATION

In accordance with the Immigration Reform and Control Act of 1986, this employer hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

CRIMINAL BACKGROUND INFORMATION

This employer will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage. This employer will conduct a criminal background check on all individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to this employer and formal approval by the appointing authority.

If you are hired for this position, you will be required to undergo a physical examination at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

SIGNATURE

I understand this employer has the right to verify information provided in the application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S. § 43A.39.

In connection with this application for employment, I authorize this employer and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance (such as transcripts). Moreover, I hereby release this employer and any agent acting on its behalf from any and all liability by reason of requesting such information from any person.

- Yes
- Yes, but not present employer until a job is offered.
- No (we may be unable to hire you without this information).

I declare that any and all statements in this application or information provided are true and complete and hereby acknowledge that I have read and understand the information contained herein.

DATE: _____ **SIGNATURE (Do Not Print):** _____

For office use only – application #:

References

Please PRINT

Please provide three *Personal References* (other than relatives or employers)

Name: _____ Telephone #: _____

Email Address: _____ Fax # _____

Complete Mailing Address: _____

Name: _____ Telephone #: _____

Email Address: _____ Fax # _____

Complete Mailing Address: _____

Name: _____ Telephone #: _____

Email Address: _____ Fax # _____

Complete Mailing Address: _____

Please provide three *Employment References* (most recent employer first)

Company Name: _____

Email Address: _____ Fax # _____

Contact Person: _____ Telephone #: _____

Complete Mailing Address: _____

Company Name: _____

Email Address: _____ Fax # _____

Contact Person: _____ Telephone #: _____

Complete Mailing Address: _____

Company Name: _____

Email Address: _____ Fax # _____

Contact Person: _____ Telephone #: _____

Complete Mailing Address: _____

