



# Bob Jones Nature Center & Preserve

## Application for Employment

This application form is designed for applicants seeking employment in various regular full-time, part-time, seasonal and contract positions.

Note: If selected for review, only applicants who indicate the relevant education and experience requirements, as indicated in the job description for the applicable position, may be considered. Please include a resume, if available and answer questions completely, honestly and to the best of your ability. All information will be treated confidentially, as necessary.

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability or veteran status.

### Personal Information

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

Home Phone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

When is the best time to call? \_\_\_\_\_ May we contact you at work? Yes No

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

How were you referred to us?

- Current Employee (indicate name) \_\_\_\_\_
- Walk-in
- School/University/College
- BJNC Website
- Job Board (indicate job board name below; e.g. CareerBuilder, Indeed.com, etc.)  
\_\_\_\_\_
- Other \_\_\_\_\_

### Employment Desired

Indicate the position for which you are applying: \_\_\_\_\_

Minimum salary/hourly rate desired: \$ \_\_\_\_\_ Date available to begin work: \_\_\_\_\_

Days and Hours Available:

Day: Monday /Tuesday /Wednesday /Thursday /Friday /Saturday /Sunday

From (hour) \_\_\_\_\_ To (hour) \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us, including confidentiality, non-disclosure or non-competition agreements or do you have or anticipate having another job, part-time or otherwise, if employed by Bob Jones Nature Center? Yes / No

If yes, please explain:

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

## Application for Employment (Continued)

### Employment History

List your last four (4) employers beginning with the most recent.

Employer: \_\_\_\_\_ Immediate Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Dates Employed: From: (MM/DD/YYYY) \_\_\_\_\_ To: (MM/DD/YYYY) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Hourly Rate /Salary: \_\_\_\_\_

Starting

Final

Summarize the nature of the work performed by you and your job responsibilities:

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Reason for Leaving: \_\_\_\_\_

May we contact for reference? Yes / No / Later

Employer: \_\_\_\_\_ Immediate Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Dates Employed: From: (MM/DD/YYYY) \_\_\_\_\_ To: (MM/DD/YYYY) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Hourly Rate /Salary: \_\_\_\_\_

Starting

Final

Summarize the nature of the work performed by you and your job responsibilities:

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Reason for Leaving: \_\_\_\_\_

May we contact for reference? Yes / No / Later

Employer: \_\_\_\_\_ Immediate Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Dates Employed: From: (MM/DD/YYYY) \_\_\_\_\_ To: (MM/DD/YYYY) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Hourly Rate /Salary: \_\_\_\_\_

Starting

Final

Summarize the nature of the work performed by you and your job responsibilities:

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Reason for Leaving: \_\_\_\_\_

May we contact for reference? Yes / No / Later

Employer: \_\_\_\_\_ Immediate Supervisors Name: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Dates Employed: From: (MM/DD/YYYY) \_\_\_\_\_ To: (MM/DD/YYYY) \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Hourly Rate /Salary: \_\_\_\_\_

Starting

Final

Summarize the nature of the work performed by you and your job responsibilities:

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Reason for Leaving: \_\_\_\_\_

May we contact for reference? Yes / No / Later

If you responded “No” to the question “May we contact for reference?” in the employment section above, please respond as to why:

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Please explain any gaps in employment that may be present in your employment history:

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## Qualifications and Skills

Summarize any special training, skills, licenses, certifications and/or characteristics of yourself that might qualify you as being able to perform job-related functions for the position for which you are applying.

## Educational Background

List the last three (3) schools attended, starting with the most recent

School ( include City & State)	No. of Years Completed	Degree/Certification

Do you have a High School Diploma or GED? Yes / No

## Languages

List any language(s) you know and check the boxes that describe your skill level

Language	Speak Some	Speak Fluently	Read	Write

**Computer Skills** (Indicate your proficiency level: **N**one, **B**asic, **I**ntermediate or **E**xpert)

MS Word \_\_\_ MS Excel \_\_\_ MS Publisher \_\_\_ MS Outlook \_\_\_ Adobe \_\_\_ Photoshop \_\_\_ Databases \_\_\_ Internet \_\_\_ MS PowerPoint \_\_\_ Multi-Media \_\_\_ Spreadsheets \_\_\_ Computer Operations and Concepts \_\_\_

## Additional Information

Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying. Please include any additional information that will be helpful in considering you for employment, such as special accomplishments, publications, awards, activities, etc. (Please exclude all information indicative of age, religion, gender)

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## Application for Employment (Continued)

### General Information

Are you legally eligible for employment in the United States? Yes / No

Are you below the age of 18? Yes / No

Do you have a valid Driver's License (if job related)? Yes / No

If yes, identify the type of Driver License you possess and the State issued:

Have you ever been convicted as an adult of a felony? Yes / No

\*If yes please indicate the following: Type of conviction, date of conviction and the state/county/country conviction occurred:

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Within the last two years, have you been convicted as an adult of a misdemeanor which resulted in incarceration?

(Incarceration means any time served in county jail, state or federal prison, etc.)

Yes / No

\*If yes, please indicate the following: Type of conviction, date of conviction and the state/county/country conviction occurred

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NOTE: In some states, a disposition of "Adjudication Withheld" or "Deferred Adjudication" is equivalent to a conviction.

\*A felony or misdemeanor conviction may not, necessarily disqualify you from the position requested. However, failure to list all applicable convictions, other than those for which the records have been expunged or sealed, may disqualify you from further consideration.

Have you ever been employed by Bob Jones Nature Center? Yes / No

If previously employed by Bob Jones Nature Center using a different name, list name(s): \_\_\_\_\_

Identify the date(s) of your previous Bob Jones Nature Center employment

Dates of Employment: \_\_\_\_\_

Beginning/Ending Dates (Month/Day/Year)

Do you have any relatives who are current employees at Bob Jones Nature Center to which you are applying? Yes / No

If yes, please indicate their name, relationship to you \_\_\_\_\_

If an offer of employment with Bob Jones Nature Center is extended, you may be asked for your authorization to conduct a background check and drug test.

Would you be willing to authorize, if required? Yes / No

(Note: Indicating "yes" does not constitute authorization to initiate a background check; doing so only indicates you would be willing to sign the required authorization forms.) If a background check is required, employment with Bob Jones Nature Center is contingent upon the approval of your background check and drug screening.

## References

List the names and telephone numbers of at least three (3) business/work references who are NOT related to you.

If not applicable, list at least three (3) school or personal references who are NOT related to you.

Name	Company	Telephone Number	Relationship	

\*I certify that the information contained in this application is true and complete. I authorize investigation of all statements contained in this application and understand that any false or misleading statements or material omissions are cause for termination of employment, if employed. I hereby authorize former and present employers, references and other sources to provide or verify any information they may have regarding me or my employment with them to Bob Jones Nature Center, and release them from any liability arising from the furnishing of any employment information.

I further agree and understand that, except as governed by existing federal, state or local law, where applicable, my employment or an offer of employment establishes no guarantee of continued employment or obligation beyond pay for actual work performed at the agreed upon rate of pay and that my employment may be terminated at any time by myself or Bob Jones Nature Center, at either party's option and will."

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### For Human Resources Use Only

#### RECOMMEND

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

Job Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date\* \_\_\_\_\_

(\* temporary or seasonal employment)

Board Approval \_\_\_\_\_

Pay Rate: \_\_\_\_\_ per \_\_\_\_\_

To Replace: \_\_\_\_\_

Date Terminated/Transferred: \_\_\_\_\_