



**SCHOODIC
INSTITUTE**

AT ACADIA NATIONAL PARK

PO Box 277, Winter Harbor, ME 04693 Tel: 207-288-1310 / Fax: 207-963-2409

Please Answer All questions. Sign & date the form. Please include Resume and e-mail to Search@Schoodicinstitute.org

PERSONAL INFORMATION:

Last Name _____ First Name _____ Middle Intl: _____

Mailing Address: _____ City, State, Zip Code: _____

Physical Address: _____ City, State, Zip Code: _____

Phone Number (____) _____ Cell (____) _____

Date available to start: ____/____/____

Are you eligible to work in the United States? [] Yes [] No

If you are under age 18, do you have an employment/age certificates? [] Yes [] No

Will you authorize Schoodic Institute to do a background check? [] Yes [] No

If No, please explain: _____

POSITION/AVAILABILITY:

Position Applying For: _____

For Seasonal Positions: Days/Hours Available: (please note that completing this section does not in any way guarantee any work days or work hours to any seasonal employees as we are an event driven organization and schedules may be subject to change at our discretion).

[_____] Please initial this box indicating that you have read the above statement

_____ [] Sunday [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday

Hours: _____

EDUCATION: Name and Address of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards _____

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____ Supervisor: _____

Address: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for Leaving: _____

May We Contact This Employer? Yes _____ No _____

Previous Position:

Employer: _____ Supervisor: _____

Address: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____ Reason for Leaving: _____

May We Contact This Employer? Yes _____ No _____

References: Please list 3 - Name/Title /Address /Phone

Name: _____ Phone: _____ Profession: _____ Years Known: _____

Name: _____ Phone: _____ Profession: _____ Years Known: _____

Name: _____ Phone: _____ Profession: _____ Years Known: _____

I certify that information contained in this application is true and complete. I understand that any false or incomplete statements in this application will be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____ Date _____