



**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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

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 \_\_\_\_\_