



Inspiring, empowering, and transforming children's lives through outdoor education.

P.O. Box 1514 Felton, CA 95018  
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 www.exploringnewhorizons.org

Please send this **completed application**, a **resume**, and a **list of references** to the Program Director at the site that you are interested in applying to. Thank you for your interest!

Date \_\_\_\_\_ Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Preferred Pronoun \_\_\_\_\_

Current address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Education:** *Please list all previous education, including high school*

SCHOOL ATTENDED School Name / Major	SCHOOL LOCATION: City, State	DEGREE Complete, BA/BS/MA

**Experience:** Additional Youth Experience or Certifications: *Please list if you have any of the following*

Speak / Write / in another language:  Yes  No Which Language: \_\_\_\_\_

Nonviolent Communication  Yes  No

California Naturalist  Yes  No Completion Date / Location: \_\_\_\_\_

BEEETLES Training  Yes  No Completion Date / Location: \_\_\_\_\_

Advanced Medical Training  Yes  No Completion Date / Location: \_\_\_\_\_

Other: Please list training, completion date and location

**Special Skills/Qualifications:** Share with us your hobbies, memberships, or other Affiliations

Music or Performing Arts Experience:  Yes  No Explain: \_\_\_\_\_

Other:

**For Driving Jobs Only:** DMV records will be obtained and reviewed for employees for whom driving is a job responsibility.

Do you have a valid driver's license:  Yes  No

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you have any moving violations currently on your driving record?  Yes  No

*If yes, please explain on a separate sheet.*

**Employment History:** List relevant employment opportunities firstCan we contact your current employer for a reference?  Yes  NoHave you worked at a Residential Outdoor School Previously?  Yes  No

Start / End	Organization Name	Position and Duties	Name of Supervisor	Reason for Leaving

**References:**

Please provide professional, personal and a reference that can attest to your experience working with youth.

1. \_\_\_\_\_  
 First/ Last Name Connection to Candidate Phone Number/ Email

2. \_\_\_\_\_  
 First/ Last Name Connection to Candidate Phone Number/ Email

3. \_\_\_\_\_  
 First/ Last Name Connection to Candidate Phone Number/ Email

**Background Check:**

Have you ever been convicted of a crime against youth? *(Including felony or serious misdemeanor, including any sex-related or child-abuse related offenses)*  Yes  No

Have you ever been convicted of a violent crime?  Yes  No

I acknowledge that I am willing to complete a required background check prior to beginning any employment with Exploring New Horizons. A background and reference check are required, and any position offer is contingent pending background check results.  Yes  No

*If "yes", please state the nature of the crime(s), when and where convicted and disposition of the case. (A conviction record will not necessarily be cause for disqualification. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

How did learn about Exploring New Horizons and the position you are applying for? \_\_\_\_\_

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date