

Owl's Hill Nature Sanctuary

Application for Employment – Summer Camp

It is the policy of Owl's Hill Nature Sanctuary (OHNS) to consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other protected characteristic.

Personal Information:

Date of Application:

Last Name	First Name	Middle Name	How Did You Learn About Us?	
Present Address		City	State	Zip
Previous Address (if less than 12 months)		City	State	Zip
Email	Cell Phone No		Have you ever applied to Owl's Hill before? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	

Current Open Position for which you are applying:		Employment desired: <input type="checkbox"/> Temporary FULL-TIME All summer positions are Temporary	If you are under 18 years of age, will you be 18 by May 26, 2026? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available May 26–July 31, 2026: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available for Mandatory Orientation and Training Sessions, 8 am – 4 pm: (lunch provided) May 21 & 22 2026: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you FirstAid/CPR certified? YES NO	
Are you Legally Authorized to work in the United States? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you submit to a background check as part of the employment process? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have reliable transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DL# _____ State of Issue _____		Expiration Date _____ <input type="checkbox"/> Operator <input type="checkbox"/> Commercial <input type="checkbox"/> Chauffer	

Educational History

	Name & Location of School (complete mailing address)	Check last year attended in School	Did you Graduate?	Degree or Certificate
High School		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus. Or Trade School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

General Information

Describe any specialized training, apprenticeship skills, certifications, and extra-curricular activities
Describe any job-related training received in the United States Military.

(Continued on other side)

References

List below three people **not related to you**, whom you have known at least one year.

Name	Address (City/State)	Phone Work / Home	Company	Relationship to Applicant

Military

Have you ever been in the Armed Forces: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you now a member of the National Guard: <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty:	
Date Entered:	Discharge Date:

Work/Volunteer Experience

(List below last five employers, starting with the most recent. Volunteer experience can be included.)

From Mo. Yr.	To Mo. Yr.	Company	Phone Number ()	Immediate Supervisor
Wage \$		Address		
Job Title			Reason for leaving	
Nature of Duties				
From Mo. Yr.	To Mo. Yr.	Company	Phone Number ()	Immediate Supervisor
Wage \$		Address		
Job Title			Reason for leaving	
Nature of Duties				
From Mo. Yr.	To Mo. Yr.	Company	Phone Number ()	Immediate Supervisor
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Wage \$		Address		
Job Title			Reason for leaving	
Nature of Duties				
From Mo. Yr.	To Mo. Yr.	Company	Phone Number ()	Immediate Supervisor
Wage \$		Address		
Job Title			Reason for leaving	
Nature of Duties				

PLEASE READ CAREFULLY

<p>AUTHORIZATION & UNDERSTANDING</p> <p>Please review and sign where indicated.</p> <p>I certify that the facts contained in this application are true and complete for all practical purposes. I hereby give OHNS permission to contact schools, employers (unless otherwise indicated), references and others and hereby release OHNS from any liability as a result of such contact.</p> <p>I understand that employment is contingent upon the successful completion of a background screening.</p> <p>Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that OHNS is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.</p> <p>I understand that OHNS is a drug, alcohol and smoke-free workplace.</p>	<p>Release:</p> <p>I hereby authorize any prior employers to provide such information about my employment record or any information they having concerning my employment record and authorize such employees to supply you, upon request at any time, with any information they have regarding my character, ability, job performance and reasons for leaving employment. I will hold such employers and the OHNS harmless for such disclosures.</p> <p>This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.</p>	<p>I agree that neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other OHNS practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of OHNS, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director and President of OHNS. If employed, I understand that OHNS may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.</p> <p>I understand and agree that if I am offered employment; my employment can be terminated, with or without cause, and with or without notice, at any time, at the option of OHNS or myself.</p>
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<p>I have read and understand these conditions of employment.</p>	<p>Applicant Signature</p>	<p>Date</p>
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January 2020