

**ALLANDALE FARM
OUTDOOR SUMMER PROGRAM
259 ALLANDALE ROAD
BROOKLINE, MA 02467
617/524-1531 (TELE) 617/323-5044 (FAX)
www.allandalefarm.com john@allandalefarm.com
An Equal Employment Opportunity Employer**

Date of Application:

I. PERSONAL HISTORY (Please print.)

Name: _____

Last
First
Middle

Telephone Number (Home) _____ - _____

(work) _____ - _____ fax/email _____

Social Security Number ____ - ____ - ____

Present
Address: _____

Street
City
State
Zip

Permanent Address:

Street
City
State
Zip

Gender: Male/Female

Referred by: _____

Are you authorized to work in the United States? Yes _____ No _____

(If accepted for employment, you must provide documentary proof of identity and authorization to work in the United States within 72 hours of hire.)

II. EDUCATIONAL HISTORY

Highest Level of education:

Name and Location	Grad. Date/ Yrs. Attended	Degree
High School _____		
College _____		
Graduate School _____		
Other education _____		

IV. EMPLOYMENT HISTORY

Please list past employment, beginning with your current or last position. You may include verified work performed on a volunteer basis (Attach additional sheets if necessary.)

Company Name	Telephone	Position Held and Supervisor	Dates	Reason for Leaving
1. _____				

2. _____				

3. _____				

If you have First Aid Certification and/or CPR certificates, please indicate below giving issuing agency and date of expiration or the date that your certification is scheduled.

V. CAMP EXPERIENCE

Camp Name	Full Address and Telephone	Director's Full Name	Dates	Nature of Work
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

VI. REFERENCES (Give Below the Names of Three Persons Not Related to You Whom You Have Known At Least One Year **Or** At Least Six Months In An Employment Relationship.)

Name of Reference	Name of Business	Address/Telephone/Email	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

VII. CRIMINAL RECORD

Massachusetts requires a CORI and SORI investigation.

Have you been convicted of a felony or misdemeanor within the last five years? Yes ___ No___
If yes, give date and details. Use reverse of this page if necessary.

VIII. MISCELLANEOUS

Please indicate below any particular areas of interest or skill you may have with respect to teaching young children to be safe and excited about learning outdoors.

1. Why do you want to work at Allandale Farm Outdoor Summer Program this summer? What do you think you can contribute to our program?

2. What age group are you most comfortable with?

4's _____ 5's _____ 6/7's _____ 8-10's _____

What qualities do you particularly bring to that learning environment?

IX. PLEASE ATTACH A (clear and current) PHOTOCOPY OF YOUR DRIVER'S LICENSE OR PASSPORT. This is required as a part of the CORI process.*

X. It is expected as a condition of employment that I will be available for work every day that the Outdoor Summer Program is in session unless an emergency arises that requires my attention.

This 'camp' must comply with the regulations of Mass. Department of Public Health and is licensed by the Town of Brookline.

X. CERTIFICATION (Please Read Carefully Before Signing.)

I hereby affirm that the information provided on this application (and any resume submitted) is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge if discovered at a later date.

I hereby authorize ALLANDALE FARM OUTDOOR SUMMER PROGRAM to investigate all information pertinent to my application in order to determine my qualifications for employment. I hereby authorize all persons and organizations having information relevant to my application to provide that information to ALLANDALE FARM OUTDOOR SUMMER PROGRAM and I hereby agree to hold harmless ALLANDALE FARM OUTDOOR SUMMER PROGRAM and all those providing information to it from any liability arising out of or as a result of the provision or use of such information. I understand that any offer of employment may be rescinded if my references are inadequate or unacceptable to ALLANDALE FARM OUTDOOR SUMMER PROGRAM.

Signature: _____ Date: _____

Please attach Resume if applicable

If accepted for employment, we are required to have your **immunization records** and **proof of a physical** within the last 24 months on file. THESE **MUST** BE RECEIVED **NO LATER THAN** YOUR FIRST DAY OF WORK.