



# Employment Application

Squam Lakes Natural Science Center  
 23 Science Center Road, PO Box 173  
 Holderness, NH 03245  
 603-968-7194  
[www.nhnature.org](http://www.nhnature.org)

DATE OF APPLICATION:		How did you hear about this position?
POSITION APPLYING FOR:		<input type="checkbox"/> SLNSC Website <input type="checkbox"/> Indeed <input type="checkbox"/> LinkedIn <input type="checkbox"/> NH Non-profit <input type="checkbox"/> Salmon Press newspaper <input type="checkbox"/> Laconia Daily Sun <input type="checkbox"/> Other
<p><b>Equal Employment Opportunity Policy:</b> Squam Lakes Natural Science Center provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all of the questions on this application. You may attach a résumé and cover letter, but all questions must be answered, and the applicant statement and acknowledgment must be signed.</p>		

PERSONAL INFORMATION			
Full Name:			
Full Address:			
Contact Number:	( )	<input type="checkbox"/> Mobile <input type="checkbox"/> Landline	
Email Address:			<input type="checkbox"/> Personal <input type="checkbox"/> Work
Date Available:		Salary/Hourly Rate Desired:	\$
Availability:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal	<input type="checkbox"/> Days <input type="checkbox"/> Weekends
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, do you have a work VISA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	

EDUCATION & QUALIFICATIONS				
Education Type	Institution Name	Major	Years Completed	Degree Received
High School Education:		High School	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Technical/ Vocational Education:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Associate Degree Education:			<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Baccalaureate Degree Education:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Graduate Degree Education:			<input type="checkbox"/> 1 <input type="checkbox"/> 2	
Doctoral Degree Education:			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Professional Certification:				
Professional Licensing:				
Military Training:				
<p>Please list any additional skills, education, training, life experience, professional membership/affiliations, etc. that you feel may help evaluate you for the position that you are applying for.</p>				
Special skills or designations:				

REFERENCES				
<p>Please list at least three professional references, not related to you.            If you don't have three professional references, then list 2 professional, 2 personal, and unrelated references.</p>				
Full Name	Relationship Type	Known	Contact Number	Email
	<input type="checkbox"/> Personal <input type="checkbox"/> Professional	___ Years	( ) ___ - ___	
	<input type="checkbox"/> Personal <input type="checkbox"/> Professional	___ Years	( ) ___ - ___	
	<input type="checkbox"/> Personal <input type="checkbox"/> Professional	___ Years	( ) ___ - ___	
	<input type="checkbox"/> Personal <input type="checkbox"/> Professional	___ Years	( ) ___ - ___	



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FULL NAME OF APPLICANT:	
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<b>EMPLOYMENT HISTORY</b>
<i>Start with your present or most recent employment and work back. Please include paid and unpaid positions.</i>

Company Name:		Start Date:
Position/Title:		End Date:
Supervisor/Manager:		May we contact for reference: (after an offer of employment) <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Number:	(    )	If still employed, how much notice needs to be given:
Email Address:		
Reason for leaving:		

Company Name:		Start Date:
Position/Title:		End Date:
Supervisor/Manager:		May we contact for reference: (after an offer of employment) <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Number:	(    )	If still employed, how much notice needs to be given:
Email Address:		
Reason for leaving:		

Company Name:		Start Date:
Position/Title:		End Date:
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Contact Number:	(    )	If still employed, how much notice needs to be given:
Email Address:		
Reason for leaving:		

<b>APPLICANT STATEMENT &amp; ACKNOWLEDGEMENT</b>
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By signing below, I certify that the facts outlined in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I understand that **Squam Lakes Natural Science Center** may investigate my professional work history and verify all information given on this application, and/or resume, and in interviews. I hereby authorize all individuals, schools, and organizations named therein, to provide any information requested about me and hereby release them from all liability for damage in providing this information. Upon an offer of employment, I authorize **Squam Lakes Natural Science Center** to perform their required pre-employment background investigation of any of the facts outlined in this application and release them from any liability. **Squam Lakes Natural Science Center** may contact any listed references on this application unless otherwise indicated. I acknowledge and understand that **Squam Lakes Natural Science Center** is an "at-will" employer. Therefore, any employee may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice. I understand that all persons hired must provide proof of employment authorization and identity as outlined and verified using the Form I-9, Employment Eligibility Verification. Failure to submit such proof will result in denial of employment.

Applicant Signature:	Date:
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