

True North Wilderness Program

PO Box 857, Waitsfield, VT 05673

Applicants are required to be a minimum of 21 years of age, have obtained at least a Bachelor's degree, have had a physical in the past year as well as be currently certified in CPR and preferably as a Wilderness First Responder. Please send all current certifications with application, cover letter, resume and three letters of reference. True North will also process a Federal criminal background check (BCI) of all potential employees. Upon hire date, all new employees are required to undergo a pre-employment drug test.

PERSONAL INFORMATION

NAME: _____ DATE SUBMISSION: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

IF NOT A US CITIZEN, ARE YOU AUTHORIZED TO WORK IN THE US? Yes No

POSITION DESIRED

POSITION APPLYING FOR: _____

AVAILABLE START DATE: _____

ARE YOU CURRENTLY EMPLOYED? Yes No

If yes, where? _____

If yes, may we contact your employer? Yes No

HAVE YOU EVER APPLIED FOR EMPLOYMENT HERE BEFORE? Yes No

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? Yes No

WHAT TYPE OF WORK ARE YOU LOOKING FOR? Long-term Seasonal

Please email to field@truenorthwilderness.com or mail to Field Director, Box 857, Waitsfield VT 05673

RELEVANT WORK EXPERIENCE

COMPANY NAME: _____

ADDRESS: _____

JOB TITLE AND RESPONSIBILITIES: _____

DATES OF EMPLOYMENT: _____ TO _____

REASON FOR LEAVING: _____

COMPANY NAME: _____

ADDRESS: _____

JOB TITLE AND RESPONSIBILITIES: _____

DATES OF EMPLOYMENT: _____ TO _____

REASON FOR LEAVING: _____

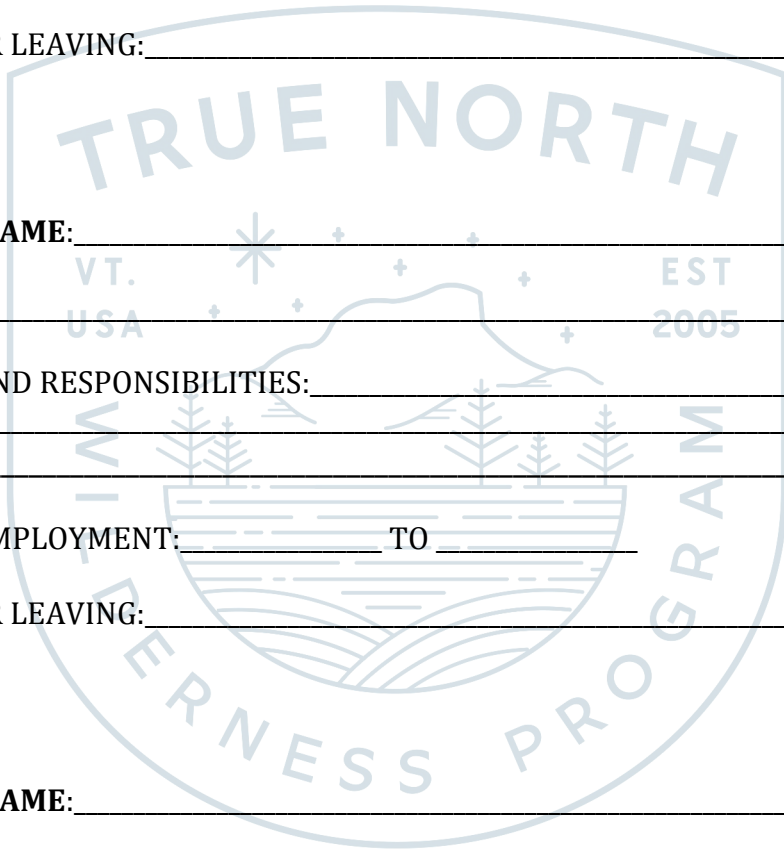
COMPANY NAME: _____

ADDRESS: _____

JOB TITLE AND RESPONSIBILITIES: _____

DATES OF EMPLOYMENT: _____ TO _____

REASON FOR LEAVING: _____



COMPANY NAME: _____

ADDRESS: _____

JOB TITLE AND RESPONSIBILITIES: _____

DATES OF EMPLOYMENT: _____ TO _____

REASON FOR LEAVING: _____

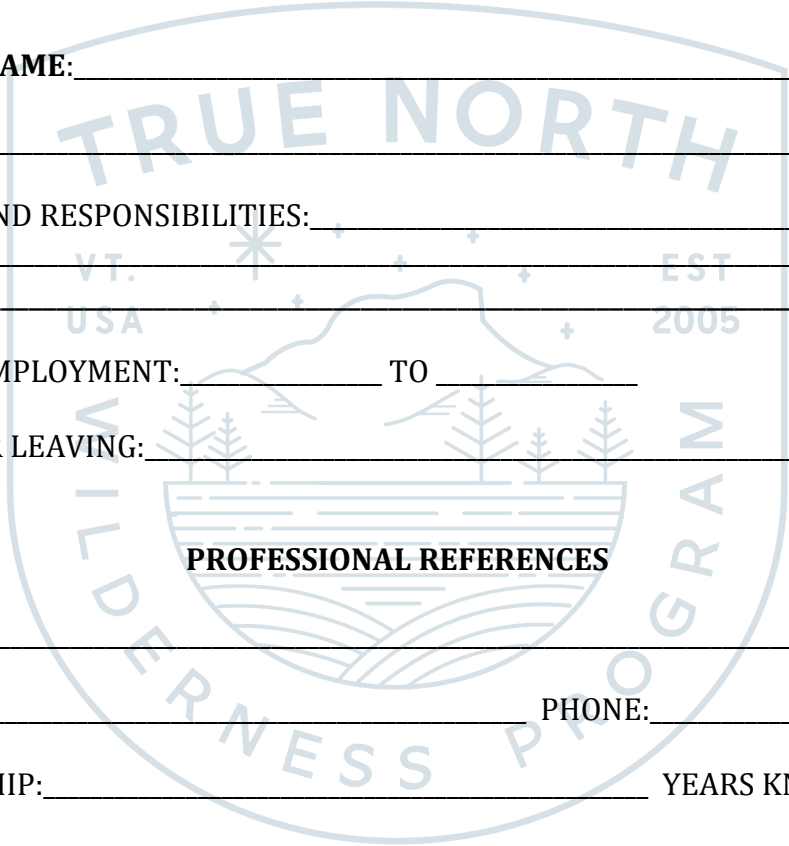
COMPANY NAME: _____

ADDRESS: _____

JOB TITLE AND RESPONSIBILITIES: _____

DATES OF EMPLOYMENT: _____ TO _____

REASON FOR LEAVING: _____



PROFESSIONAL REFERENCES

NAME: _____

EMAIL: _____ PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

NAME: _____

EMAIL: _____ PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

NAME: _____

EMAIL: _____ PHONE: _____

RELATIONSHIP: _____ YEARS KNOWN: _____

PLEASE ANSWER THE FOLLOWING

DESCRIBE YOUR WILDERNESS EXPERIENCE:

WHY DO YOU WANT TO WORK IN WILDERNESS THERAPY?

HOW DO YOU PERSONALLY BUILD RAPPORT WITH TEENAGERS?

WHAT DO YOU IMAGINE TO BE THE HARDEST PART OF GUIDING AND WHY?

WHERE DID YOU DISCOVER THIS POSITION?

PLEASE READ BEFORE SIGNING

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools or persons listed as references to give any information regarding my employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job is not extended, or is withdrawn, or employment terminated because of false statements, omissions or answers made by myself on this application. In the event of any employment with this company I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1996, I understand that I am required to provide approved documentation to the company, which verifies my right to work in the United States on the first day of employment. I have received from the company a list of approved documents, which are required.

I understand that employment at this company is "at will" which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

SIGNATURE

DATE