



# STEM Discovery Lab Employment Application

Name: \_\_\_\_\_  
*First Middle Initial Last*

Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Temporary Address: \_\_\_\_\_ Valid until mm/dd/yyyy : \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been employed by UNH, or any other USNH campus?  Yes  No

Are you at least 18 years of age?  Yes  No If no, date of birth? \_\_\_\_\_

Position desired? \_\_\_\_\_ Available from \_\_\_\_\_ to \_\_\_\_\_

## EDUCATION

Post secondary Education

School name & Address \_\_\_\_\_ City/State: \_\_\_\_\_

Course of Study \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Years completed: \_\_\_\_\_

Degree/Credits earned: \_\_\_\_\_

High School:

School name & Address \_\_\_\_\_ City/State: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Other: \_\_\_\_\_

## TEACHING EXPERIENCE

Dates	Program/School	Address	Position
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

## PAST EMPLOYMENT

List 3 most recent employers. Please include all requested information.

Dates	Employer	Address	Phone	Type of Work	Supervisor
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

## REFERENCES

Please provide the name/contact information of three professionals, who are not related to you, who have knowledge of your character, experience or ability.

Name	Relationship	Contact Information (phone/email)
1.	_____	_____
2.	_____	_____
3.	_____	_____

## SKILLS/CERTIFICATIONS *Please include the expiration dates and specific training courses*

### HEALTH & SAFETY

Standard First Aid    First Responder    WFA/WFR    RN    LPN    EMT    CPR  
Type of CPR:    Professional Rescuer    Adult    Infant/Child    Other   Level of experience? \_\_\_\_\_

## UNH 4-H Policies on Personal Behavior and Choices

- Children are to be treated with respect and dignity. Physical and/or emotional disregard or abuse will not be tolerated.
- Adults are treated with respect and dignity. Sexual, physical or emotional harassment will not be tolerated.
- Smoking is limited to designated smoking areas, and only during staff's time off.
- Alcohol is not permitted on UNH property, and cannot be consumed while staff is on duty.
- Use of alcohol by minors under the age of 21 is illegal, and is not tolerated by UNH.
- The use of non-prescription drugs, or the abuse of prescription drugs is not permitted at UNH.

Do you agree to abide by the rules listed above?    Yes        No

Have you ever been convicted of child abuse and/or neglect?    Yes        No

Have you ever been convicted of a criminal offense?  Yes     No

Other than the above, is there any fact or circumstance which would cause questions about having you supervise, guide, and care for young people?  Yes     No

Explain: \_\_\_\_\_

### **PLEASE ANSWER THE FOLLOWING QUESTIONS.**

Detail the experiences you have had supervising children and teens.

List your hobbies and areas of special interest, and indicate those which you feel you could teach to others.

What will be your greatest contribution to the UNH STEM Discovery Lab?

UNH has a commitment and responsibility to provide a safe and healthy environment for all youth. Applicants will be subject to a background check. Persons with a history of violent behavior, child abuse/neglect, or current drug/alcohol abuse need not apply.

I certify that the information supplied on this application is the truth. It is understood and agreed that any misrepresentation by me on this application, interview or accompanying resume will be sufficient cause for cancellation of the application process, as well as immediate dismissal if hired. Furthermore, I understand this position may be classified as "heavy duty", and a physical exam may be required to determine my ability to perform the requirements of the position. I authorize the University of New Hampshire to investigate all information provided, and to secure additional information as related to personnel decisions. I freely release from liability the University of New Hampshire, and its representatives, for seeking such information and all other persons, schools, corporations or organizations for furnishing such information. I have read and understand the above.

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Date*

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## FOR PERSONNEL DEPARTMENT ONLY

Arrange interview?  Yes  No Interviewer: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

References Checked:  Yes  No By: \_\_\_\_\_

Contacted: \_\_\_\_\_ Date/time: \_\_\_\_\_

Comments: \_\_\_\_\_

Contacted: \_\_\_\_\_ Date/time: \_\_\_\_\_

Comments: \_\_\_\_\_

Contacted: \_\_\_\_\_ Date/time: \_\_\_\_\_

Comments: \_\_\_\_\_

Offered Employment?  Yes  No

Accepted Employment?  Yes  No

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Camp: \_\_\_\_\_

"Making life better in New Hampshire"

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