



The Leadership School at Kieve

A program of Kieve-Wavus Education, Inc.

2009 Staff Application Form



A Non-Profit Educational Corporation

Henry R. Kennedy, Executive Director
Stephen Stroud, Director, The Leadership School



Kieve-Wavus Education, Inc.

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<http://www.kieve.org>
leadershipschool@kieve.org

Please check all positions for which you are applying:

- Primary Resident Overseer
- Intern *
- Teacher *

* Applicants for **Intern** and **Teacher** positions must also email a resumé and cover letter to: leadershipschool@kieve.org

Kieve-Wavus Education, Inc. does not discriminate in the operation of its educational and employment policies and will honor all appropriate laws relative to discrimination.



Please Note: For Online submission, you must open this PDF in **Adobe Reader** v8 or higher; do not use another viewing app like Apple Preview or the PDF plugin in your browser.

Your Name: First Middle Last Nickname

Male: Female: Date of Birth: mm/dd/yyyy

Tee Shirt Size: S M L XL XXL

Contact info

Home phone () Cell phone () E-mail

Home Address: (Enter non-USA address details in the closest-matching fields; for phone or mobile #s, ignore the (area code) and enter your entire number in the main phone field.)

Street Mailing

City State Zip Code Country

College Address: (If applicable.)

School Name Class of Dates there mm/dd/yyyy to mm/dd/yyyy

Street Mailing

City State Zip Code Country

College Phone ()

Emergency Contact

First Middle Last Nickname
Street Mailing
City State Zip Code Country
Home Phone () Work Phone () E-mail

Education

	Name	City/State	Course/Major	Graduation Date
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How did you hear about Kieve-Wavus?

Experience working with children and/or adolescents:

Certifications:

Expiration Date:

Life Guard Training (LGT)	<input type="text"/>	mm/dd/yyyy
Wilderness First Responder (WFR)	<input type="text"/>	mm/dd/yyyy
Wilderness First Aid (WFA)	<input type="text"/>	mm/dd/yyyy
Standard First Aid	<input type="text"/>	mm/dd/yyyy
CPR	<input type="text"/>	mm/dd/yyyy
Other: <input type="text"/>	<input type="text"/>	mm/dd/yyyy

Please send copies of all certifications separately by mail, or scan them and email.

Previous employment: (List dates of employment, type of work, employer, and telephone number if known)

Dates Employed mm/yyyy	Position/Type of Work	Employer	Town, State	Telephone #
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> to <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

References: (Please list three non-relatives who we may contact, and include telephone numbers and emails)

Name	Position/Title	Town, State	Telephone #	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Background:

Have you ever...

1. Been disciplined, discharged, or asked to resign from a prior position? Yes No
2. Been charged with or investigated for sexual abuse of another person? Yes No
3. Been convicted of a crime (other than a minor traffic offense)? Yes No
4. Entered a plea of not guilty or "no contest" (nolo contendere) to any crime, or has any court ever deferred further proceedings without a finding of guilty and placed you on probation, for any crime other than a minor traffic offense? Yes No

If you answered YES to ANY of these questions, provide full details below (or separately), including (with respect to court actions) the date, offense in question, and the court involved. Conviction or other disposition of a crime is **not necessarily** an automatic bar of employment by Kieve-Wavus Education, Inc.

I understand that any falsification of information or misleading information on this application shall be fully sufficient grounds to refuse to employ or, having been employed, shall be immediate cause for dismissal/discharged. My **signature** below constitutes authorization to check my employment history, including without limitation, criminal arrest and conviction record checks, reference checks, and release of investigative information possessed by any state, local or federal agency. I further authorize those persons, agencies or entities that Kieve-Wavus Education, Inc. contacts in connection with my employment application fully to provide Kieve-Wavus Education, Inc. any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against Kieve-Wavus Education, Inc. its agents and officials or against any provider of such information. I understand that information submitted in and with this application may be disclosed to a screening and/or interviewing committee, which may include board members, administrators, other staff, and members of the community; I give my consent to this disclosure.

Signature:

Date Signed: mm/dd/yyyy

Please type your full name in the Signature field; this serves as your binding digital signature.

Send this application electronically

Note: do not **email** this completed PDF application to us; email is **not** secure and this form contains your confidential information.

This PDF form is sent securely via SSL to our protected database, to ensure the safety of your personal information.

SEND

You can **save** this PDF with all of your typed-in information if you are using Acrobat Reader v8 or higher. We recommend that you **print** a copy of this completed PDF form for yourself. To **SEND** this form correctly, make sure that you are using Acrobat Reader, not a 3rd-party program like "Apple Preview" or a browser plug-in. You should see a receipt appear after you press **SEND**.