



## Application for Americorps VISTA Summer Associate

The role of the Americorps VISTA Summer Associate is to collect, transcribe and catalogue oral histories of original Camp Brookside campers in addition to the collection and preservation any camp materials, publications and relevant media. Through this collection, the Summer Associate will have the opportunity to work with the year-round VISTA in developing a general interpretive plan for the site.

**Equal Opportunity Employer:** New River Gorge National River Americorps VISTA Summer Associates will be considered without regard to race, color, religion, sex, national origin, age, military or veteran status, marital status, the presence of a medical condition or disability, or any other legally protected status except where a reasonable, bona fide occupational qualification exists. Please note that you may request any necessary accommodation to participate in the application process.

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last / First / Middle)

Address: \_\_\_\_\_  
(No./Street / City / State / Zip)

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Email Address \_\_\_\_\_

Date You Can Start \_\_\_\_\_

Are You Employed Now? \_\_\_\_\_ If yes, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any commitments to an employer that might affect your service with us? \_\_\_\_\_

### EDUCATION

Type	Name/ Location	# of Years Attended	Did you graduate?	Degree or Major
High School				
College				
Trade or Technical School				

Please list any additional information that relates to your ability to perform the job for which you have applied:

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	Yes	No	Comments
Is there any information we would need about your name, or use of another name, for us to be able to check your work record?			

How did you hear about us?

\_\_\_\_\_

**EMPLOYMENT RECORD** (List last three employers, starting with the last one first. Volunteer work may be included in this section.)

<b>Employer Name and Address:</b>		
<b>Supervisor Name, Title, and Phone Number:</b>		
<b>Dates of Employment:</b> From _____ To _____	<b>Your Job Title:</b>	<b>Last Hourly Pay</b> ____/hour <b>OR</b> <b>Last Salary</b> _____/year
<b>Describe Your Job Duties and Responsibilities:</b>		<b>Reason for Leaving:</b>

<b>Employer Name and Address:</b>		
<b>Supervisor Name, Title, and Phone Number:</b>		
<b>Dates of Employment:</b> From _____ To _____	<b>Your Job Title:</b>	<b>Last Hourly Pay</b> ____/hour <b>OR</b> <b>Last Salary</b> _____/year
<b>Describe Your Job Duties and Responsibilities:</b>		<b>Reason for Leaving:</b>

<b>Employer Name and Address:</b>		
<b>Supervisor Name, Title, and Phone Number:</b>		
<b>Dates of Employment:</b>	<b>Your Job Title:</b>	<b>Last Hourly Pay</b> ____/hour <b>OR</b>

From _____ To _____		Last Salary _____/year
Describe Your Job Duties and Responsibilities:		Reason for Leaving:

**PROFESSIONAL REFERENCES (Do Not Include Relatives)**

(List three individuals, in addition to above listed employment references, known to you for at least two years.)

Name and Title	Relationship	Years Known	Phone Number

**CRIMINAL RECORD AND DRIVER'S LICENSE INFORMATION**

Americorps VISTA Summer Associate may be required to drive Government vehicles.

Note: Exclude any records expunged, annulled, sealed, or discharged under a first-offender law.

Within the past seven years, have you ever been convicted, or pled guilty or no contest to, a crime other than a minor traffic violation? (A conviction record will not necessarily be a bar to employment.) \_\_\_ Yes \_\_\_ No

If you answered yes to the above question, please describe. Include date convicted (if applicable), charge, jurisdiction, and disposition.

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Do you have a valid West Virginia Driver's License? \_\_\_ Yes \_\_\_ No

**INFORMATION TO THE APPLICANT**

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your term of service. You may make a written request for information derived from the checking of your references. If necessary for this term of service, you may be required to: supply your birth certificate or other proof of authorization to serve within the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date