

Guided Discoveries, Inc.

# APPLICATION FOR EMPLOYMENT

**GUIDED DISCOVERIES IS AN EQUAL OPPORTUNITY EMPLOYER**

Astrocamp • P. O. Box 3399 • Idyllwild, CA 92549

Catalina Island Marine Institute (CIMI) at Toyon Bay • P. O. Box 796 • Avalon, CA 90704

Catalina Island Marine Institute (CIMI) at Cherry Cove • P. O. Box 5015 • Two Harbors, CA 90704

Catalina Island Marine Institute at Fox Landing • P. O. Box 1920 • Avalon, CA 90704

CIMI Tall Ship Expeditions • P. O. Box 32085 • Long Beach, CA 90832-2085

Guided Discoveries, Inc. • P. O. Box 1360 • Claremont, CA 91711 • 909.625.6194 • 909.625.7305 (Fax)

www.GuidedDiscoveries.org • webmaster@GuidedDiscoveries.org

Position(s) Applied For		Date of Application	
Have You Ever Applied Here Before?		When?	For Which Facility or Program?
PERSONAL INFORMATION		Social Security Number: ____ - ____ - ____	
Name (Last/First/Middle)			
Present Address (Street/City/State/ZIP)			
Permanent Address (Street/City/State/ZIP)			
Phone Number(s)			
Driver License Number		State	Expiration Date
<b>EDUCATION</b> (Most Recent First) Name of School and Location	Degree and Date Received	Major Course of Study	Awards or Honors Received
List any additional coursework or experience that pertains to the position(s) for which you are applying:			

Have you ever been convicted of a child abuse crime? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  Note: A conviction will not necessarily disqualify an applicant from employment consideration.

If yes, please explain: \_\_\_\_\_

Can you, after employment, submit verification of your identity and legal right to work in the United States? Yes  No

Are you able to physically perform the duties of the job for which you are applying? Yes  No

Can you, with or without reasonable accommodation, perform the functions of the job? Yes  No

Please describe how you will perform these functions: \_\_\_\_\_

Can you meet the attendance requirements of this job? Yes  No

How many days of leave did you take during the last year of your most recent job? \_\_\_\_\_

## Work Experience - Beginning With The Most Recent

Employer		
Address		
Phone	Job Title	Supervisor
Dates Employed (From / To)	Reason for Leaving	
Work Performed		

Employer		
Address		
Phone	Job Title	Supervisor
Dates Employed (From / To)	Reason for Leaving	
Work Performed		

Employer		
Address		
Phone	Job Title	Supervisor
Dates Employed (From / To)	Reason for Leaving	
Work Performed		

Employer		
Address		
Phone	Job Title	Supervisor
Dates Employed (From / To)	Reason for Leaving	
Work Performed		

Salary Desired: \_\_\_\_\_

Are you currently employed?                      Yes  No

May we contact your current employer?        Yes  No

On what date would you be able to start work? \_\_\_\_\_

Please list any job related organizations, clubs or professional societies to which you belong. Include any job related certifications and their expiration dates. You may exclude those which indicate race, religion, national origin, color, age or other protected status.

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## References

Please list three people who have supervised you in previous employment and whom we may contact.

Name	
Address	
Phone	
Business	Years Known

Name	
Address	
Phone	
Business	Years Known

Name	
Address	
Phone	
Business	Years Known

## Applicant Statement

The facts set forth in this application are true and complete. I understand that if employed, false statements on this application are cause for dismissal. I hereby authorize Guided Discoveries to make an investigation of my employment and personal history through any investigative or credit agencies of its choice to verify the information I have provided on this application. I understand I that I will receive notice of any such investigation.

I understand I will be required to consent to a pre-employment drug test as a condition to being considered for employment. If I am employed, I consent to random drug and alcohol testing as a condition of my continued employment. I understand that my failure to consent to these test or a test result which shows the presence of drugs will result in removal from considration or disciplinary action, up to and including termination, even for a first offense.

I understand that under California law, and as a condition of employment, I may be required to submit to fingerprinting and a criminal records investigation by the California Department of Justice. I understand that my failure to sconsent to such fingerprinting will result in removal from consideration or termination.

I further understand that if employed by Guided Discoveries, my employment is at will and the employer/employee relationship may be terminated at any time by either party with or without cause. I agree to abide by all rules and policies of Guided Discoveries as set forth in the Employee Handbook and during staff training including those pertaining to safety, conduct and appearance at the facilities.

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

\_\_\_\_\_  
Date