

BLUE RIDGE THERAPEUTIC WILDERNESS EMPLOYMENT APPLICATION

236 File St., PO Box 809 Clayton, GA 30525 Office: 706-212-2037 Fax: 706-212-0354

Applicants are required to be a minimum of 21 years of age, have a current physical and current CPR & Standard First Aid. Please send all current certificates with application and resume. Blue Ridge Therapeutic Wilderness will also process a State and Federal criminal background check (BCI) of all potential employees.

Position Applying For _____ Date of Application _____

How did you hear about us?

Advertisement • (Location? _____) Employee • (Name: _____)
 Friend • Relative • Walk-in • Other • _____

Name: _____ Date of Birth: _____ S.S. #: _____

Address: _____

Telephone: _____ (Cell) _____ Email _____

On what date would you be able to work? _____ Until when? _____

Are you at least 21 years of age? Yes • No •
 Have you applied or been employed here before? Yes • No •
 Are you presently employed? Yes • No •
 May we contact your present employer? Yes • No •
 Have you been convicted of a felony within the last five years? Yes • No •
 If yes, please explain. _____
 Are you a veteran of the U.S. Military? Yes • No •
 Was your discharge other than honorable? Yes • No •
 If yes, please explain. _____

	High School	College/University	Graduate/Professional
School name and location			
Graduated / Years Completed			
Degree Achieved			
Outline any specialized training gained from these schools that might be beneficial to this job. (Attach sheet if necessary)			

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List professional and personal wilderness experience:

Briefly summarize special skills & qualifications you have gained from employment or other experiences:

List all experiences you've had teaching, counseling or interacting with adolescents:

Please explain your interest in this company; how do you hope to contribute?

C.P.R. Certification Date: ____/____/____ Expiration Date: ____/____/____

First Aid or Advanced Medical Training:
Certification Date: ____/____/____
____/____/____

Expiration Date:

PLEASE ENCLOSE COPIES OF ALL CERTIFICATIONS, RESUME AND 3 PROFESSIONAL LETTERS OF RECOMMENDATION

I hereby declare that all statements contained in the application as well as the resume and references attached are true and correct to the best of my knowledge and I understand that false or inaccurate information in the application will be the basis for termination. I hereby authorize this company to investigate my background and verify this information. I understand my failure to report to work will be the basis for termination. By signing below I give Blue Ridge Therapeutic Wilderness authorization to check the references I have provided.

Applicant's Signature

Date

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, Blue Ridge Therapeutic Wilderness is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write to: Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410, or call (202)720-5964 (voice and TDD). The USDA and Blue Ridge Therapeutic Wilderness are equal opportunity providers and employers.