

## Long Lake Conservation Center Summer Program Counselor/Instructor

Long Lake Conservation Center (LLCC) is looking for confident, enthusiastic, young outdoors people to serve a dual position as summer program counselor/instructor.

LLCC is Minnesota's original conservation education summer camp (40+ years), and a leader in conservation/environmental education. Summer camp sessions include: Outdoor Explorers residential camp serves campers who have completed 4<sup>th</sup> -7<sup>th</sup> grade; Forkhorn I & II camps are designed for beginning hunters ages 11-16.

**Where:** LLCC is located near Palisade, in north-central Minnesota. In the heart of Aitkin County, LLCC is part of the "north woods". LLCC is located 135 miles north of the Twin Cities, 75 miles west of Duluth, and 50 miles northeast of Brainerd.

**When:** From May/June through August 2012.

### **Summer employee responsibilities:**

- Instruct campers in numerous classes and activities.

- Supervise, organize, and assist campers during sessions.

- Oversee campers in activities such as swimming, canoeing, outdoor recreation, and environmental education.

### **Qualifications:**

- Ability to enjoy and work with youth is essential.

- Love of the outdoors.

### **Preferred, but not required:**

- Four year degree in a science-related field.

- Prior summer camp experience.

- Lifeguard experience very desirable.

- Experience with firearms and hunting.

- Willingness to be trained as a firearm safety and bow hunting instructor

**Compensation:** The pay is \$290.00/week for the summer. LLCC will provide you with lodging. Meals will be provided while camps are in session as well as during the training period.

LLCC will provide CPR and basic first aid training.

**How to apply:** Applications are available on LLCC's website ([www.llcc.org](http://www.llcc.org)), Aitkin County's website ([www.co.aitkin.mn.us](http://www.co.aitkin.mn.us)), or send us an email requesting an application. Open until filled. Submitted applications will be reviewed on February 29, 2012.

### **Questions, please contact:**

- Ryan Perish, Instruction Coordinator ([ryan@llcc.org](mailto:ryan@llcc.org))

- Long Lake Conservation Center

- 28952 438th Lane

- Palisade, MN 56469

- 218-768-4653 or 1-800-450-5522

- Web address: [www.llcc.org](http://www.llcc.org)

Name: \_\_\_\_\_

**Aitkin County**  
**Summer Program Counselor/Instructor**  
**Supplemental Application Form**

1	Do you have or are you working toward an AS, BA, or BS degree in Education, Natural Science, or any other degree with an interest in environmental education? If yes, specify degree: _____ Please attach a copy of your transcripts. (An unofficial copy is acceptable at time of application.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do you have knowledge of activities in the above fields?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you have skill in outdoor recreation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	How many years of experience in instructing (in or outside of the classroom) of others? Summarize your experience working at the various grade levels (pre-K through grade 12) and adults:	<input type="checkbox"/> 3 or more years <input type="checkbox"/> 2 or more years <input type="checkbox"/> 1 or more years <input type="checkbox"/> Less than 1 year <input type="checkbox"/> No experience
5	Are you skilled in public speaking? If yes, list where the experience was gained:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Check all that apply. I have considerable experience in the following areas: (Also indicate where the experience was gained in the right-hand column.)  a. <input type="checkbox"/> VCR/DVD. b. <input type="checkbox"/> Overhead Projector. c. <input type="checkbox"/> Microphones. d. <input type="checkbox"/> Computer/Internet.	Indicate where the experience was gained (i.e. name of employer). Do not leave blank. a. _____ b. _____ c. _____ d. _____
7	Do you have experience conducting and leading <i>outdoor recreation</i> programs such as canoeing, archery, or navigation? If yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Are you currently certified in first aid? If yes, include certification expiration date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Are you currently certified in CPR? If yes, include certification expiration date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you have experience creating or implementing games and other fun, recreational activities? If yes, describe your experience:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Do you have a valid Minnesota driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Are you a certified firearm safety instructor? If yes, include copy of certification. If you answered no to this question please continue to number 13. If you answered yes please continue to question 14.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 Summer Program Counselor/Instructor  
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13	Would you be interested in receiving training as a certified firearms instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Have you previously worked in a summer camp? If yes, specify the date(s) and business/location. (Include as a previous employer on the application as well.)	<input type="checkbox"/> 3 or more years <input type="checkbox"/> 2 or more years <input type="checkbox"/> 1 or more years <input type="checkbox"/> Less than 1 year <input type="checkbox"/> No experience
15	Are you applying for Veteran's Preference points?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Have you previously been employed by Aitkin County? If yes, identify dates of employment and position title:	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you are selected as a finalist, please be prepared to bring 3 letters of reference along to your interview. We prefer letters from your current and/or former supervisors.*

# AITKIN COUNTY APPLICATION FOR EMPLOYMENT

AITKIN COUNTY HUMAN RESOURCES DEPARTMENT

217 Second Street NW Room 130, Aitkin, MN 56431

Phone: 218-927-7306

Fax: 218-927-7374

## Important Facts About Information On Your Application

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to agencies where you may be considered for employment except as necessary for tax purposes or as otherwise required by state or federal law. (M.S. § 13.43, Subd. 2)

- **IMPORTANT! Be sure to complete all parts of the application.** Please be sure to read the job description and any special instructions carefully before you complete this application.
- Points are awarded for education and experience based upon the information in this application, so be sure to complete all sections in detail. Interviews are then granted based upon total points received.
- Complete a separate application for each job. Type or print clearly in dark ink. Applications in pencil will not be accepted. Legible photocopies and faxed copies are acceptable.
- **Resumes will not be accepted in lieu of a completed application.** Please do not submit resumes, work samples or letters of recommendation with the application; however, you may do so at the time of an interview if you wish.
- Your application and all attachments become the property of Aitkin County and will not be returned.
- We cannot be responsible for failure of other agencies or postal services to forward applications by the deadline. **Applications will not be accepted after the closing date/time (Central Time) of the job announcement.**

◆Keep a copy of your completed application◆

## PLEASE TYPE OR PRINT IN DARK INK.

Title of Position you are applying for:	Applying for: Full Time _____ Part Time _____	<i>FOR OFFICE USE</i>
Last Name: _____	First Name: _____	Middle Name: _____
Mailing Address: _____	City: _____	State & Zip Code: _____
Please include area code for each number provided. Home Telephone Number: _____ Cell Phone Number: _____ Work Phone Number: _____	Have you previously been employed by Aitkin County? If yes, date: _____ Position: _____	
E-Mail Address: _____	<i>FOR OFFICE USE</i> Application Number: _____	

# AITKIN COUNTY APPLICATION FOR EMPLOYMENT

**1) Your employment may involve occasional use of a public vehicle.**  
 Do you have a valid driver's license?  Yes  No  
 If yes, what class?  A  B  C  D Endorsements: \_\_\_\_\_

**2) Education. Did you graduate or receive a GED?**  
 Yes  No

Names & locations of colleges, universities, technical schools	Did you graduate?	Certificate/Degree	Course of study
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**3) Office Equipment/Computer Experience (only considered if a requirement for the job). For the Office Equipment/Computer software you have used below, please **rate your proficiency on a scale of 1– 5**, 1 being a beginner and 5 being an expert:**

Windows       Microsoft Office       Word Processing       Spreadsheets  
 AS 400       Fax       Photocopier       Telephone  
 Other: \_\_\_\_\_ Typing Speed: \_\_\_\_\_ wpm

**4) Relevant current professional memberships, registrations, or licenses. Include date first issued.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5) Describe any additional experience or training that qualifies you for this job.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6) Job-Relevant Volunteer and Unpaid Work Experience**

Kind of Volunteer Activity (Do not specify organization)	Major Responsibilities	Number of Hours/Month	Years/Months Involved

For office use only – application #:

7) Employment History. Experience and training ratings are determined by this information.  
**PLEASE BE COMPLETE.** List your present or most recent experience first.

Employment Firm:

Mailing Address:

Telephone #:

Your Title:

Supervisor's Name:

Number & type of positions you supervised:

Principal Responsibilities – Be Complete

Length of Employment

From \_\_\_\_\_  
Month Day Year

To \_\_\_\_\_  
Month Day Year

Total \_\_\_\_\_  
Years Months

Hours per Week \_\_\_\_\_

Reason for Leaving

May we contact this employer?

Yes  No

If no, explain:

Current salary or wage:

\$ \_\_\_\_\_

Employment Firm:

Mailing Address:

Telephone #: \_\_\_\_\_

Your Title:

Supervisor's Name:

Number & type of positions you supervised:

Principal Responsibilities – Be Complete

Length of Employment

From \_\_\_\_\_  
Month Day Year

To \_\_\_\_\_  
Month Day Year

Total \_\_\_\_\_  
Years Months

Hours per Week \_\_\_\_\_

Reason for Leaving

May we contact this employer?

Yes  No

If no, explain:

Employment Firm:

Mailing Address:

Telephone #: \_\_\_\_\_

Your Title:

Supervisor's Name:

Number & type of positions you supervised:

Principal Responsibilities – Be Complete

Length of Employment

From \_\_\_\_\_  
Month Day Year

To \_\_\_\_\_  
Month Day Year

Total \_\_\_\_\_  
Years Months

Hours per Week \_\_\_\_\_

Reason for Leaving

May we contact this employer?

Yes  No

If no, explain:

Employment Firm:

Mailing Address:

Telephone #: \_\_\_\_\_

Your Title:

Supervisor's Name:

Number & type of positions you supervised:

Principal Responsibilities – Be Complete

Length of Employment

From \_\_\_\_\_  
Month Day Year

To \_\_\_\_\_  
Month Day Year

Total \_\_\_\_\_  
Years Months

Hours per Week \_\_\_\_\_

Reason for Leaving

May we contact this employer?

Yes  No

If no, explain:

**EQUAL EMPLOYMENT OPPORTUNITY**

Aitkin County will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

**EMPLOYMENT VERIFICATION**

In accordance with the Immigration Reform and Control Act of 1986, this employer hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

**CRIMINAL BACKGROUND INFORMATION**

This employer will request information regarding criminal history in the event that you become a finalist for the position which you are applying. For certain positions, criminal background information will be requested during the application stage. This employer will conduct a criminal background check on all individuals upon making a contingent job offer. No offer of employment shall become final until receipt of the results of the criminal background check from the BCA, the content of which is acceptable to this employer and formal approval by the appointing authority.

If you are hired for this position, you will be required to undergo a physical examination at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations are necessary for you.

**SIGNATURE**

I understand this employer has the right to verify information provided in the application. If there are any misrepresentations on this application or my resume or made by me in an interview, which may be discovered now or anytime in the future, I may be discharged for cause without severance pay of any kind. False information or misrepresentation may also subject me to the penalty provisions of M.S. § 43A.39.

In connection with this application for employment, I authorize this employer and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance (such as transcripts). Moreover, I hereby release this employer and any agent acting on its behalf from any and all liability by reason of requesting such information from any person.

- Yes
- Yes, but not present employer until a job is offered.
- No (we may be unable to hire you without this information).

I declare that any and all statements in this application or information provided are true and complete and hereby acknowledge that I have read and understand the information contained herein.

**DATE:** \_\_\_\_\_ **SIGNATURE (Do Not Print):** \_\_\_\_\_

For office use only – application #:

# References

Please PRINT

Please provide three *Personal References* (other than relatives or employers)

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax # \_\_\_\_\_

**Complete** Mailing Address: \_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax # \_\_\_\_\_

**Complete** Mailing Address: \_\_\_\_\_

\*\*\*\*\*

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax # \_\_\_\_\_

**Complete** Mailing Address: \_\_\_\_\_

Please provide three *Employment References* (most recent employer first)

Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Complete** Mailing Address: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Complete** Mailing Address: \_\_\_\_\_

\*\*\*\*\*

Company Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Complete** Mailing Address: \_\_\_\_\_

