

**KEENE STATE COLLEGE UPWARD BOUND PROGRAM**

229 Main Street, Keene, New Hampshire 03435-1801

Tel (603) 358-2360

Fax (603) 358-2059

*A Federal TRiO Program*

Thank you for your interest in the Keene State College Upward Bound Program. Our academic summer program is a six week experience for high school participants; staff appointment spans a total of eight weeks including one week of Orientation and one week of Evaluation. Employment dates for the summer of 2009 are yet to be determined; typical employment dates span from mid-June through the first week of August.

Please fill out the enclosed application and return it to our office via mail or fax. Please also include the following as part of your completed application for employment:

- current resume
- college & graduate school transcripts (may be student issued/unofficial)
- one confidential reference form completed by a current employer or professor (included)
- 250 word writing sample (either your philosophy of education or a personal experience that has prepared you for working with our students.)

Hiring of staff occurs from approximately January through April. Applicants will be contacted for an interview upon the receipt of a completed application. Phone interviews may be considered when necessary.

If you have any questions about the application, the program and/or job expectations, please feel free to contact me by phone, (603) 358-2402, or by email, bzinn@keene.edu.

We look forward to hearing from you.

Sincerely,

Beth Zinn  
Assistant Director

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<b>FOR OFFICE USE ONLY</b>	
RECEIVED: _____	
<input type="checkbox"/> RESUME	<input type="checkbox"/> REC
<input type="checkbox"/> WRITING	<input type="checkbox"/> TRANSCRIPT
_____	
_____	

## SUMMER STAFF APPLICATION 2009

*Please check which position you are applying for:*

- Tutor Counselor (live-in position)   
  Live-In Teacher   
  Live-Out Teacher

### PERSONAL INFORMATION

FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NUMBER
			-    -
PERMANENT STREET ADDRESS			DATE OF BIRTH
			/    /
CITY	STATE	ZIP	TELEPHONE NUMBER
			(    )    -
MAILING ADDRESS (if different from above, ex: college address)			VALID UNTIL
CITY	STATE	ZIP	TELEPHONE NUMBER
			(    )    -
EMAIL ADDRESS			CELL PHONE NUMBER
			(    )    -
DO YOU HOLD A VALID DRIVER'S LICENSE?		HAVE YOU EVER BEEN CONVICTED OF A FELONY?	
<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, please explain in an attached statement.</i>	

### EDUCATIONAL HISTORY

Please include copies of all college/university and graduate study transcripts with application (may be student issued/unofficial).

INSTITUTION & LOCATION	DATES OF ATTENDANCE	MAJOR/MINOR COURSE OF STUDY	CREDITS EARNED	DEGREE EARNED	CUMM GPA

### REFERENCES

Please include one letter of recommendation from a current employer or professor not listed below with application.

NAME OF REFERENCE	TELEPHONE NUMBER	NATURE OF RELATIONSHIP

## SPECIFIC QUALIFICATIONS

Please indicate your capability in each of the subject areas indicated below.

	minimal capability	some capability	strong capability		minimal capability	some capability	strong capability
MATH				ENGLISH			
Fundamental Math				Reading			
Algebra I				Study Skills			
Geometry				Writing			
Algebra II				PSAT Verbal Prep			
Trigonometry				Literature (specify)			
Calculus				SCIENCE			
PSAT Math Prep				Biology			
Prob & Stat				Environmental Sci.			
Integrated Math				Chemistry			
ELECTIVES				Physics			
Computers				Anat. & Phys.			
Social Issues				APPLICATIONS			
Foreign Lang. (specify)				Microsoft Word			
Perf. Arts (specify)				Microsoft Excel			
History				HTML			

CERTIFICATIONS (please check all certifications that you have held and indicate expiration date)

Lifesaving (exp: \_\_\_\_\_)  CPR (exp: \_\_\_\_\_)  First Aid (exp: \_\_\_\_\_)  Defensive Driving (exp: \_\_\_\_\_)

## PROGRAM COMPONENTS

Please list any interests and hobbies that you would like to share with our students

ACADEMIC INTERESTS (Electives)	PHYSICAL ACTIVITIES (SPA)

In the space below, please briefly describe any experiences you have had leading and/or facilitating groups, indicating the size, age range and purpose of group. (ex. summer 2006, 12 7-11 year olds, summer camp)


## ADDITIONAL INFORMATION

If you are a current college student, are you eligible for work/study funds for the summer of the year for which you are applying for a position on the Upward Bound staff?

Yes, I am eligible.  No, I am not eligible.

How did you hear about the Keene State College Upward Bound Program?

Alumni  Career Advising Office  Internet  Friend  Newspaper  Other: \_\_\_\_\_

With your signature below, please verify that all above stated information is correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<http://www.keene.edu/upward>

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**CONFIDENTIAL REFERENCE FORM**

**TO BE COMPLETED BY APPLICANT**

Name of Applicant: \_\_\_\_\_

Position applying for:  Tutor Counselor (live-in position)  Live-In Teacher  Live-Out Teacher

**TO BE COMPLETED BY REFERENCE**

1. How long have you known the applicant and in what capacity?
2. Can you think of any reason why this candidate should not be working with high school age students in a residential setting? If yes, please explain.
3. Does s/he function appropriately in pressure situations or sudden change of schedule?
4. If you are a current or previous employer, would you rehire this person?
5. Kindly rate by checking the column which best evaluates the applicant:

	Always/ Excellent	Usually/ Very Good	Sometimes/ Average	Rarely/ Below Avg.	Never/ Poor	No Basis to Judge
Displays positive attitude						
Demonstrates a desire to learn						
Completes tasks independently						
Is trustworthy						
Exhibits honesty and maturity						
Understands the needs of teenagers						
Can work well with others						
Relates well with peers						
Shows concern and respect for others						
Adapts well to new situations						
Responds well to constructive feedback						
Takes initiative to promote new ideas						
Exhibits dependability						
Demonstrates effective writing skills						
Demonstrates effective speaking skills						
OVERALL ASSESSMENT FOR POSITION						

*If you have additional comments about this applicant, please attach a separate sheet.*

Reference's name (please print): \_\_\_\_\_

Company/Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_