



Position: \_\_\_\_\_

First Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

List your place(s) of legal residence for the past 7 years (for criminal background check purposes)

Date	City and State	Date	City and State	Date	City and State

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest"? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide the details on an attached piece of paper

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

List Education

	School Name	City, State	Diploma/Degree	Major/minor
High School				
College/University				
Graduate Study				
Other				

Additional skills, training, interests that might be useful at Swiss Semester (i.e., outdoor experience, certification, foreign language, sports, hobbies, music, computer, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List of Past Jobs (from most to least recent)

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Have you ever been fired from a job or asked to resign? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain below or on an attached sheet

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Do you have any medical, physical, or emotional limitations that might affect your performance at Swiss Semester (in the classroom, in the dorm, or in the outdoors) Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain below or on an attached sheet.

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I certify that all the information in the application is accurate and complete. I understand that any false information or omission will disqualify me from further consideration and will most likely result in my dismissal if discovered after an offer of employment has been signed. I authorize the investigation of any and all statements contained on this application. I authorize any person, school, and employer (present and past) to provide information and opinion to the director of Swiss Semester. I release such persons and organizations from any legal liability in making such statements. I understand that those discussions will be held confidentially and will not be shared with me.

I have read, understand, and agreed to these statements.

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