



Hawk Circle

Wilderness Education

**WILDERNESS
CAMPS
EARTH SKILLS
TRAINING
SCHOOL
PROGRAMS**

RICARDO SIERRA

EXECUTIVE DIRECTOR

BARRY KEEGAN

HEAD INSTRUCTOR

TRISTA HAGGERTY

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LUKE GAILLARD

ASSISTANT DIRECTOR

P.O. Box 506

CHERRY VALLEY, NY 13320

PHONE: 607.264.3396

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RICARDOJPS@AOL.COM

HAWKCIRCLE.COM

HAWK CIRCLE WILDERNESS EDUCATION IS A
PROGRAM OF THE EARTH MENTORING INSTITUTE, INC.

A 501 (c) 3 TAX EXEMPT

NOT-FOR-PROFIT ORGANIZATION

FEDERAL TAX-EXEMPT # 31182

FEDERAL ID # 16-1563526

HAWK CIRCLE STAFF APPLICATION

I am interested in the Position of:

I am available to work between these dates:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-mail: _____

Any Dietary Restrictions? Please describe: _____

How did you hear about us? _____

Please indicate your education history by circling the highest grade completed:

High School Name: _____ City: _____ State: _____

9th 10th 11th 12th Year Graduated: _____

College Name: _____ City: _____ State: _____

1st year 2nd year 3rd year 4th year Major: _____ Year Completed: _____

Please list any other Technical/Occupational or Wilderness Schools
you have attended and indicate courses of study and date: _____

Circle All Certifications Held: First Aid CPR Lifeguard EMT
WFR Commercial Driver's License Bilingual: _____ Other: _____

Please list three references not related to you who can attest to your character and
work ethics. Please make sure you have a **valid phone number** for each.

Name: _____ Ph#: _____ Relationship: _____ How Long? _____

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Name: _____ Ph#: _____ Relationship: _____ How Long? _____

Why do you want to work for Hawk Circle?



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What specific skills and experience do you bring to this position?

As a member of our staff working with children in our community, we are required to do a background check as part of our consideration for your employment.

Have you ever been accused of a sexual offense or a misdemeanor/felony? If yes, explain:

Prior to your hiring, we are required also to speak with your references as well as have a phone or face to face interview. Please indicate when it would be best to arrange this interview in the next two weeks, if possible:

The statements given in this application are true to the best of my knowledge and I have not willingly given false information regarding my history and experience. I understand that Hawk Circle does not discriminate in it's hiring process on the basis of race, creed, age or orientation. My signature indicates my consent for Hawk Circle to contact my references and a possible background check for working with children. I also understand that an interview is required prior to hiring, by phone or in person.

Signature: _____ Date: _____

Thank you for applying to work with us!
Please attach a current resume (or list of your work history)
with your application and send to:

Ricardo Sierra
Hawk Circle Wilderness Education
P.O. Box 506 Cherry Valley, NY 13320



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Hawk Circle Staff Alcohol & Drug Policy

Alcohol is permitted at Hawk Circle ONLY for staff or Earth Skill students who are 21 years or older. It is permitted ONLY during the times you are not working or attending a class or program. During the summer camp season and at other times during the year when we have children and teenagers under the age of 18 staying at Hawk Circle, alcohol may ONLY be consumed in the privacy of your own room. During this time, all alcoholic beverages should be kept in your room. Under NO CIRCUMSTANCES should any alcohol be given to anyone on our premises under the age of 21 or consumed in the presence of a student under the age of 18. If the consumption of alcohol affects an employee's work performance, that will be discussed in private and may be grounds for dismissal.

Illegal drugs are NOT ALLOWED on the Hawk Circle premises at any time. Anyone found with an illegal substance may be sent home immediately. In addition, any doctor prescribed medication that is classified as a controlled substance must be declared to the director and kept in a locked container in the infirmary in order to prevent others from gaining access to this medication.

As a community member of Hawk Circle, you assume the responsibility of upholding the policy and reporting anyone who is not acting in accordance with this policy.

I, _____, understand and agree to abide by the above policy at all times while I am working for or participating in any program at Hawk Circle.

Signed: _____ Date: _____