



# Apple Tree

COMMUNITY FOCUSED LEARNING  
www.exploreappletree.com  
541-272-5141

## Employment Application

### Position

Position applying for: \_\_\_\_\_

### Contact Information

Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Contact Preference	<input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Messenger <input type="checkbox"/> Email <input type="checkbox"/> In Person	

### Interests

Tell us which areas interest you:

<input type="checkbox"/> Administration	<input type="checkbox"/> Culinary Arts & Meal Prep
<input type="checkbox"/> Working with Kids	<input type="checkbox"/> Science & Technology
<input type="checkbox"/> Special Needs	<input type="checkbox"/> Arts & Crafts
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Music & Movement
<input type="checkbox"/> Events	<input type="checkbox"/> Nature Exploration
<input type="checkbox"/> Building Social Skills	<input type="checkbox"/> Environment
<input type="checkbox"/> Volunteer & Community Engagement	<input type="checkbox"/> Table Top, Strategy, & Board Games
<input type="checkbox"/> Other:	

### Do you have a specific passion you'd like to share?

## Special Skills or Qualifications

Summarize special skills, certifications and qualifications you have acquired from employment, volunteer work, or through other activities, including hobbies or sports, especially with youth. Describe experience working with children with special needs.

## Recent Job History Is there anything we can do to ensure you have a positive experience?

## How did you hear about us?

## Recent Job History

Let us know your most recent employment. Include a Resume if available.

Dates:	Employer:	
Duties:		
Contact:	Phone:	Email:
Dates:	Employer:	
Duties:		
Contact:	Phone:	Email:
Dates:	Employer:	
Duties:		
Contact:	Phone:	Email:

## References

Name		Type: Personal _____ Work _____
Street Address		Years Known: _____
City ST ZIP Code		Business Name (if applicable):
Home Phone		
Work Phone		Relationship:
E-Mail Address		

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Street Address		Years Known: _____
City ST ZIP Code		Business Name (if applicable):
Home Phone		
Work Phone		Relationship:
E-Mail Address		

## Background Check

You will be required to pass background checks before you may start work.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I agree to take responsibility for my actions and the actions of my children with regard to people and property at Apple Tree. I understand that my needs are important, and that staff will make every effort to support me.

Name (printed)			
Signature		Date	

Thank you for completing this application form and for your interest in building our community of learning at Apple Tree!

You can email your completed application to [Director@exploreappletree.com](mailto:Director@exploreappletree.com), mail it to us at 1605 N Coast Hwy, Newport, OR 97365, or bring it in to our office.