

THERAPIST APPLICATION PACKET

We must receive the following materials in the Admissions office for your application to be reviewed:

1. Completed Application For Employment
2. Completed Questionnaire
4. 1 Professional Letters of Recommendation (dated within 1-year)
5. Food Handler Certification
6. Photocopy of your CPR/WFR Certification
7. Photocopy of your Driver's License
8. Photocopy of your Social Security Card

* Once applications are reviewed, applicants will be called for a phone interview. After the phone interview, applicants will receive a letter determining training and employment status.

MEDICAL TRAINING REQUIREMENTS

In order to work as a therapist for Rites of Passage, you must possess current CPR and First Aid Training. The minimum medical training requirement for Therapist is Adult First Aid and CPR.

Send all application materials to:

Rites of Passage

Main Office

Contact the Admissions office if you have any questions. (360) 296-3040

QUESTIONNAIRE

When developing your answers to the questionnaire, please be honest and sincere so the management team can gain a clear picture of you and your experiences. The acceptance of your application is based on your ability to describe yourself, your skills and your strengths in writing.

1. Give an example of a goal you reached and tell me how you achieved it.
2. What attracted you to apply for a position with Rites of passage, and will you be able to commit to working a full season?
3. What is your experience as a student in the outdoor education or wilderness therapy field? Please either list the courses you've taken or summarize your experience as a student in paragraph form.
4. Tell me about how you worked effectively under pressure.

5. Credentials: List any certifications, degrees and or licenses you have attained that are relevant to the job for which you are applying.

6. Describe a decision you made that was unpopular and how you handled implementing it

Make these stories compelling!

APPLICATION FOR EMPLOYMENT

How did you learn about the position?

Name _____ Date of Birth / Age _____

/ _____

Address _____ City _____ State _____

Zip _____

Home Phone _____ Cell Phone _____ Other

Phone _____

Email Address: _____ Social Security

Number: _____

On what date would you be available for work?

Desired Wage/Salary

\$ _____

Are you a U.S. citizen? Yes No

If not, are you otherwise authorized to work in the U.S. without any restriction? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please describe circumstances:

Have you ever been involuntarily terminated from any position of employment? Yes No

If yes, please describe circumstances:

If selected for employment, are you willing to submit to random drug screening tests? Yes No

No

EDUCATION

School Name Location Years Attended Degree Received Major
Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

EMPLOYMENT HISTORY (*Most Recent First.*)

Employer _____ Job
Title _____
Dates Employed _____ Prior Position Held within Company (if any):

Address _____ City _____ State _____
Zip _____
Phone _____ Job Title _____
Supervisor _____
Starting Salary _____ Ending
Salary _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Job
Title _____
Dates Employed _____ Prior Position Held within Company (if any):

Address _____ City _____ State _____
Zip _____
Phone _____ Job Title _____
Supervisor _____
Starting Salary _____ Ending
Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job
Title _____

Dates Employed _____ Prior Position Held within Company (if any):

Address _____ City _____ State _____

Zip _____

Phone _____ Job Title _____

Supervisor _____

Starting Salary _____ Ending

Salary _____

Duties Performed

Reason for Leaving

MEDICAL TRAINING CERTIFICATION

Do you have the required Adult CPR & First Aid Certification? [] Yes [] No

Do you have a 72-hour medical training certification such as a WFR? [] Yes [] No

Certification:

Provider: _____ Exp. Date:

*Attach a photocopy of your certification

If no, when will you be certified?

Certification:

Provider:

* Attach a letter verifying enrollment

EMERGENCY CONTACT

Name:

Daytime Phone: _____

Evening Phone: _____

Address:

ACKNOWLEDGMENT AND AUTHORIZATION

Background checks on employees have become standard practice in this industry and Rites of Passage Wilderness Program requires a background check before hiring you. We will check driving records, criminal records and sex offender registries. By signing this form, you are authorizing us to check those records prior to working your first course.

Printed Name of Applicant

Signature of Applicant

Date