



Application for Employment

We cultivate wholeness in people and institutions for the transformation of communities.

An Equal Opportunity Employer

APPLICANT INFORMATION		PLEASE COMPLETE ALL SECTIONS, SIGN, AND DATE APPLICATION.			
Last Name	First	M.I.	Date		
Street Address		Apartment/Unit #			
City	State	ZIP			
Phone	Email Address				
Date Available	How did you hear about us?				
Internship Areas of Interest					
Check here if interested in applying for all areas:					
Check here if interested in specific areas: LLYC Outdoor School Communications					
If offered employment, can you show proof that you are legally entitled to work in the U.S.?	YES	NO	<i>Note: If you are under 18 years of age, a parent or guardian's signature for a background check is required.</i>		
Have you ever worked for the Foundation?	YES	NO	If so, when?		
Have you ever been convicted, pled guilty, no contest, or received deferred adjudication, pretrial diversion, or probation for either of the following: 1) any felony; 2) in the past 7 years, any misdemeanor involving indecency, theft, assault and/or weapons? If yes, attach separate documentation explaining the details, include date(s), nature of the offense and disposition(s) of the case(s). Answering "YES" will not automatically bar you from employment unless required by applicable laws.		YES	NO		
EDUCATION					
High School		City, State			
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>					
College		City, State			
From	To	Did you graduate?	YES	NO	Degree
Other		City, State			
From	To	Did you graduate?	YES	NO	Degree
Professional Certificates, Licenses and Certifications					
Computer/Technical/Other Relevant Skills					
Note: Applicants may be required to provide proof of diplomas, degrees, transcripts, licenses, certifications and registrations.					
REFERENCES					
<i>Please list three professional references, other than relatives, who can speak about your capabilities and experience.</i>					
Full Name		Relationship			
Company		Phone			
Full Name		Relationship			
Company		Phone			
Full Name		Relationship			
Company		Phone			

Respond to the questions listed below in the space provided.

Please tell us how you found out about this internship, and why you are interested in being a part of the H. E. Butt Foundation.

Explain any of your specific strengths, skills, and/or experiences that would make you a good fit for this internship position.

Describe one area you would like to grow and why.

Describe a dream job or ministry position for you five years from now.

If you are interested in the internship for **LLYC**, please give a concise history of your spiritual life and explain how your faith informs and shapes your personal life and professional goals.

If you are interested in the internship for **LLYC**, please describe your ministry and leadership experience working with children and/or college students.

If you are interested in the internship for **Outdoor School**, please list certifications you currently hold.

If you are interested in the internship for **Outdoor School**, please describe any recent teaching experience and outdoor experiences.

If you are interested in the internship for **Communications**, please describe your proficiency with web design or graphic design programs.

If you are interested in the internship for **Communications**, please describe a web or graphic design project from your portfolio and provide a link where we can review other elements of your portfolio.

EMPLOYMENT HISTORY			
List all employment in the last 10 years, beginning with the most recent employer.			
Current Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO			
DISCLAIMER AND SIGNATURE			
<p>I UNDERSTAND MY EMPLOYMENT IS AT WILL AND CAN BE TERMINATED AT ANY TIME AT EITHER THE COMPANY'S OR MY OPTION. I UNDERSTAND THAT NO REPRESENTATIVE OTHER THAN THOSE SPECIFICALLY AUTHORIZED BY THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. IT IS MY UNDERSTANDING THAT ANY VERBAL REPRESENTATIONS MADE TO ME ARE NOT BINDING UPON THE COMPANY. I UNDERSTAND THAT AN OFFER OF EMPLOYMENT MAY BE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A TOXICOLOGICAL TEST FOR SUBSTANCE ABUSE, WHICH ALSO INCLUDES ALCOHOL, THE SATISFACTORY COMPLETION OF EMPLOYMENT, EDUCATION, AND REFERENCE VERIFICATIONS AND BACKGROUND INVESTIGATIONS, AND SUBMISSION OF SATISFACTORY PROOF OF MY IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES. I UNDERSTAND THAT IF ANY OF THE ABOVE-NOTED CONTINGENCIES ARE NOT SUCCESSFULLY COMPLETED OR IF I HAVE MADE ANY FALSE OR MISLEADING STATEMENTS ON THE APPLICATION, ANY OFFER OF EMPLOYMENT WILL BE RETRACTED OR MY EMPLOYMENT TERMINATED. MY SIGNATURE BELOW INDICATES THAT I HAVE READ, UNDERSTOOD, AND AGREE WITH THE ABOVE-NOTED CONDITIONS. PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES ARE REQUIRED UPON REPORTING TO WORK.</p>			
PLEASE INDICATE YOUR ACCEPTANCE OF THESE TERMS BY TYPING YOUR FULL NAME BELOW.			
Signature		Date	

Print/Scan and Email completed form to hr-interns@hebfdn.org