Upward Bound Lyndon State College Lyndonville, VT 05851   (802) 626-5000

Application for Summer Employment

Name: _____   **Phone:** _____

Address: _____   **Social Security #:** _____

_____

Driver's License #: _____ **State:** _____ **Date of Birth:**_____

Please answer the questions below. Feel free to attach another sheet of paper if necessary.
1. What is your educational background and intended major in college?

2. What experiences have you had working with high school age students?

3. How did you find out about the Upward Bound Program at Lyndon State College?

4. What type of position are you interested in applying for? What specific skills would you bring to our program?

5. Our Upward Bound program is an intense six week, five days a week, 24 hour a day experience working closely with both students and staff. Explain how you think you will handle this situation.

6. Please list the names, addresses and telephone numbers of two people we can contact for references.

7. Part of your summer employment would include transporting Upward Bound students in college vehicles. We will check your driving record – please list any motor vehicle violations you have been ticketed for.

9. Have you ever been: Convicted of any criminal offense? Yes_____ No_____
    If yes, please explain.

By signing below I agree to the release of financial aid information to the Lyndon State College
Upward Bound program
_____ *Signature*

Application For Permit To Operate Lyndon State College Vans/Cars

Name: **Date of Birth:**

Address: **Social Security #:**

Do You Have a Valid License?   Yes ___ No ____   **State:**

Operator's License Number: **Expiration Date:**

Have you been convicted of any motor vehicle offense(s)? Yes ____ No ____

If Yes, Explain:

You are being tested for your ability to operate a Motor Vehicle in which a number of people (passengers) will be dependent on you for their safety. This is not a Driver's License test. You must have a valid Driver's License, as issued by the Motor Vehicle Department of any state. Upon satisfactory completion of this test, you will be put on our list of qualified drivers.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Does the above named person have any prior convictions? No ___ Yes ___ (please explain)

Date Motor Vehicle test was given: _____

Did they pass? Yes ____ No ____