



Dr. Marc Taylor Internship / YCC Team Lead Application

SUBMISSION Qualified and interested applicants should submit a **cover letter** and **resume**. In addition, please fill out the Dr. Marc Taylor Internship **Application** completely and accurately. Completed applications should be submitted by email to outerach@pomperaug.org or by mail to:

ATTN: Dr. Marc Taylor Internship
Pomperaug River Watershed Coalition
39 Sherman Hill Road, C103
Woodbury, CT 06798

Applications will be accepted on a rolling basis until March 1, 2022 or until position is filled.

*(Fields marked with an * are required)*

CONTACT INFORMATION

First Name * _____ Last Name * _____

Mailing Address * _____

City * _____ State * _____ Zip / Post Code * _____

Cell Phone * _____ Other Phone _____

Email * _____

Are you available for an in-person or virtual interview? Yes No

Have you applied with Pomperaug River Watershed Coalition before? * Yes No

Have you worked for Pomperaug River Watershed Coalition before? * Yes No

If yes, when? _____ In what capacity? _____

PERSONAL INFORMATION

Many of our positions are physically demanding and require heavy lifting, repetitive motion, hiking, and working in a variety of outdoor conditions. Are you able to meet these physical demands with or without accommodation? * Yes No

If hired, would you be able to present evidence that you can legally work in the United States? *
 Yes No

Driving a vehicle to transport crew members is an essential duty of this position. Do you possess a valid driver's license? Yes No

EOE STATEMENT

Pomperaug River Watershed Coalition is an equal opportunity employer that does not discriminate on the bases of race, religion, color, sex (including pregnancy, gender identity, and sexual orientation), marital status, national origin, ethnicity, age, disability, family medical history or genetic information, political affiliation, military service, or any other status or class otherwise protected by law.

REFERENCES Please list three references other than relatives who can speak to your abilities and work ethic.

Name _____ Title _____

Business Name (if applicable) _____

Full Address _____

Phone _____ Email _____

Name _____ Title _____

Business Name (if applicable) _____

Full Address _____

Phone _____ Email _____

Name _____ Title _____

Business Name (if applicable) _____

Full Address _____

Phone _____ Email _____

AUTHORIZATION AND ACKNOWLEDGEMENT

I affirm that I have answered all questions honestly and accurately and certify that the information provided is an accurate reflection of my skills and experiences. I affirm that I meet the minimum age requirement for this position and that I possess a clean, valid driver's license as described in the position description.

I authorize PRWC to conduct a background check and to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release PRWC, my former employers and all other persons and entities, from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.

PRWC policy prohibits the possession, use, or suspicion of alcohol, drugs, and/or tobacco products while in uniform, and while fulfilling PRWC responsibilities. If I am employed with PRWC, I certify that I will uphold this policy for the duration of my employment.

Signature

Date