

**Business Office &
Location of Summer Program:**
725 LaRue Rd.
Spencer, NY 14883

LIONS CAMP BADGER



EMPIRE STATE SPEECH & HEARING CLINIC, INC. APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name	First Name	Middle I	Current Telephone ()
Current Mailing Address	City	State	Zip E-Mail
Date through which current address and telephone are valid: ____/____/____			Permanent Telephone ()
Permanent Address	City	State	Zip
Social Security Number _____	Driver's License Number / State		
Emergency Contact	Relationship	Permanent Telephone ()	
AGE (Check one statement below)		SEX:	
<input type="checkbox"/> I am 19 or older	<input type="checkbox"/> I am 18 or younger	<input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
Applying for:		Director of:	
<input type="checkbox"/> Counselor	<input type="checkbox"/> Medical Staff	<input type="checkbox"/> Activities	
<input type="checkbox"/> Teacher	<input type="checkbox"/> CIT	<input type="checkbox"/> Waterfront	
Are you able to perform all the functions of the job for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you require any accommodations to be able to perform the job for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe.			

Check certification or licenses you have and list expiration dates:			
() First Aid	____/____/____	() CPR	____/____/____
() Lifeguard	____/____/____	() WSI	____/____/____
() Registered Nurse	____/____/____	() RTE	____/____/____
() EMT	____/____/____	() LPN	____/____/____
() CNA	____/____/____		
() Other _____			

<i>Place a check next to those activities you would be able to lead or teach others:</i>			
() Canoeing	() Rowboating	() Environmental Education	() Dance
() Sign Language	() Fishing	() Swimming Instruction	() Vocal Music
() Other _____	() Instrumental Music	() Arts & Crafts	
() Other _____			

EMPLOYMENT List three former employers, beginning with the most recent.

1	Company Name	Telephone Number ()
	Address	Employed From / / to / /
	Job Title	May we contact this employer?
	Name of Supervisor	Please Initial
2	Company Name	Telephone Number ()
	Address	Employed From / / to / /
	Job Title	May we contact this employer?
	Name of Supervisor	Please Initial
3	Company Name	Telephone Number ()
	Address	Employed From / / to / /
	Job Title	May we contact this employer?
	Name of Supervisor	Please Initial

PERSONAL REFERENCES RELATIVES MAY NOT BE USED AS REFERENCES *(Important, please read)*

These references should not include those listed above. We reserve the right to contact references (unless "no" is checked above) for further information. The enclosed reference forms (2) may be completed by either personal contacts or former employers.

Name	Address	City, State, Zip	Telephone	Relationship
			()	
			()	
			()	

EDUCATION

School	Name & Location of School	Course of Study	Number of Years	Year of Graduation	Degree, Diploma or Certification
College					
Graduate/ Trade					
High School					

Optional: Memberships in professional, student, or service organizations, and leadership positions held:

CERTIFICATIONS AND EXPERIENCE (Include copies of any certifications)

Teaching Area	__ Provisional Certification		__ Permanent Certification		__ Masters of Education		__ Other			
	_____		_____		_____		_____			
Sign Language	__ None to Beginner		__ College Course		__ Moderate Experience		__ Fluent		__ Interpreter Level	
What Type?	__ ASL		__ PSE		__ SEE					
Swimming	__ Nonswimmer or Beginner		__ Moderate		__ Strong Swimmer		__ Teaching Experience			
	__ Water Safety Instructor		__ Red Cross Life Guard Certification							
Boating	__ None to Beginner		__ Moderate		__ Red Cross Waterfront Certification					
	r Red Cross Canoe Instructor									

Previous Camp Experience:

___ Camper ___ Counselor

Number of Years: _____

Where:

Experience with individuals with disabilities:

How did you find out about Lions Camp Badger?

Lions Camp Badger is a residential camp; are you willing to live on the camp grounds? Yes No
If No, please explain (off-site residence may be considered for teaching positions):

This is a full-time summer commitment. If there are any dates that you are aware of that you require time off for, please state them now with the reason.

What will Lions Camp Badger gain from hiring you?

What do you expect to gain from working at Lions Camp Badger?

If you are selected as a staff member, may the Empire State Speech and Hearing Clinic, Inc. use your photograph and/or name in publicity, and may we provide your name, address and telephone number to staff and participants? Yes No

Have you ever been the defendant or under investigation in an incident of child abuse? Yes No

Have you ever been convicted of a crime(s) other than a minor traffic offense? Yes No

A prior conviction will not necessarily bar you from staffing or volunteering. The type and date of the conviction will be

Other names by which you have been known (i.e. maiden names), if any:

RELEASE OF INFORMATION (Please read carefully and sign below):

I authorize Empire State Speech and Hearing Clinic, Inc. (Lions Camp Badger), employees or volunteer staff members of the organization (hereafter called ESSHC) to investigate all statements made on this application (and any resume submitted); I authorize a background review through various licensing agencies (including, but not limited to the Department of Motor Vehicles, the Department of Welfare, the State Police, and/or any other law enforcement/government agencies.) I release ESSHC, its officers, directors, and staff (both paid and volunteer) from liability in connection with the same. I understand that if selected, I will be an at-will volunteer or staff member (employment relationship may be terminated at any time, with or without cause, by me, the Director, or ESSHC) and that any agreement to the contrary must be in writing and signed by an officer of the organization. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I also understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by ESSHC. I understand that positions may require residence at the program/camp site during program sessions, unless previous arrangements have been made with ESSHC. I will submit to a routine professional drug screening program upon the request of ESSHC.

Applicant's Signature : _____ Date ____/____/____

ESSHC is an equal opportunity employer and does not discriminate against any applicant on the basis of race, religion, sex, national origin, age, disability, medical condition, sexual orientation, marital status, veteran status, or any other legally protected group.