

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

# LIONS CAMP BADGER



## EMPIRE STATE SPECIAL NEEDS EXPERIENCE, INC. APPLICATION FOR EMPLOYMENT

Phone: (607) 589-4800 / Toll-Free: (800) 232-7060 / Fax: (607) 589-6181 / lionscampbadger@frontiernet.net.com

### 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"/> Male	
<input type="checkbox"/> I am 18 or younger		<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"/> Volunteer	<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:

<input type="checkbox"/> First Aid _____/____/____	<input type="checkbox"/> CPR _____/____/____
<input type="checkbox"/> Lifeguard _____/____/____	<input type="checkbox"/> WSI _____/____/____
<input type="checkbox"/> Registered Nurse _____/____/____	<input type="checkbox"/> RTE _____/____/____
<input type="checkbox"/> EMT _____/____/____	<input type="checkbox"/> LPN _____/____/____
<input type="checkbox"/> CNA _____/____/____	
<input type="checkbox"/> Other _____/____/____	

Place a check next to those activities you would be able to lead or teach others:

<input type="checkbox"/> Canoeing	<input type="checkbox"/> Rowboating	<input type="checkbox"/> Environmental Education	<input type="checkbox"/> Dance
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Fishing	<input type="checkbox"/> Swimming Instruction	<input type="checkbox"/> Vocal Music
<input type="checkbox"/> Other _____	<input type="checkbox"/> Instrumental Music	<input type="checkbox"/> Arts & Crafts	
<input type="checkbox"/> Other _____			

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

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

<b>Teaching</b>  Area	__ Provisional Certification		__ Permanent Certification		__ Masters of Education		__ Other			
	_____		_____		_____		_____			
<b>Sign Language</b>	__ None to Beginner		__ College Course		__ Moderate Experience		__ Fluent		__ Interpreter Level	
<b>What Type?</b>	__ ASL		__ PSE		__ SEE					
<b>Swimming</b>	__ Nonswimmer or Beginner		__ Moderate		__ Strong Swimmer		__ Teaching Experience			
	__ Water Safety Instructor		__ Red Cross Life Guard Certification							
<b>Boating</b>	__ None to Beginner		__ Moderate		__ Red Cross Waterfront Certification					
	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 Special Needs Experience, 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 considered.

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 Special Needs Experience, Inc. (Lions Camp Badger), employees or volunteer staff members of the organization (hereafter called ESSNE) 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 ESSNE, 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 ESSNE) 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 ESSNE. I understand that positions may require residence at the program/camp site during program sessions, unless previous arrangements have been made with ESSNE. I will submit to a routine professional drug screening program upon the request of ESSNE.

Applicant's Signature : \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

ESSNE 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.