



**Staff Application**

Date of Application: \_\_\_\_\_

**Please fill out both sides and return to:**  
Directors of Campus Based Services  
Cradle Beach  
8038 Old Lakeshore Rd.  
Angola, NY 14006  
(716) 549-6307 EXT 203 / EXT 206

Please have the three (3) Reference Forms filled out by (3) different people other than relatives, who would be familiar with your qualifications and have them mailed to the address above.

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EDUCATION:**                      Name of School                      Years Attended                      Graduation Date

High School: \_\_\_\_\_

College: \_\_\_\_\_

Field of Study/Other: \_\_\_\_\_

Extra-curricular Activities/Interests: \_\_\_\_\_

\_\_\_\_\_

**EXPERIENCE/EMPLOYMENT HISTORY:**

List any experience as a camper: \_\_\_\_\_

**List most recent jobs first**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Dates: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**CAMP REQUIRES A COMPLETE PHYSICAL and BACKGROUND CHEKC PRIOR TO EMPLOYMENT**

References: People, other than relatives, who would be familiar with your qualifications.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ How acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ How acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ How acquainted: \_\_\_\_\_

Please comment on the following (use an additional sheet of paper, if necessary):

1. Your reasons for wanting to work at Cradle Beach:

2. What do you hope to be able to gain from camp:

3. What you hope to give to camp:

I affirm that all statements made by me on this form, including attached papers, are true, complete and correct to the best of my knowledge. I understand all statements made by me in connection with this application are subject to investigation and verification and that falsification or omission of information is cause for the revocation of offer of employment or dismissal from employment. I understand that knowingly making a false statement on this application or any attachment or supporting document is punishable as a misdemeanor pursuant to Section 210.45 of the NYS Penal Law. I hereby authorize any former or current employer, military records center, or school to provide Cradle Beach and/or the hiring authority any and all information necessary to reach an employment decision including, but not limited to, information regarding my job duties, attendance, behavior, work habits, skills, abilities, claims, liabilities, damage, and relationships with coworkers, customers or supervisors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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HR/Administration Use:

|      |  |
|------|--|
| DOB: |  |
| SSN: |  |

Name: \_\_\_\_\_

## SKILLS AND ABILITIES

In the following list, put a numeral “1” before the activities you can organize and teach as a leader; put a “2” before those which you can assist; put a “3” before those you can participate in (Add your own topics at the bottom of each column as needed).

| <b>Arts &amp; Crafts</b> | <b>Nature</b>            | <b>Miscellaneous</b>    | <b>Dramatics</b>     | <b>Music Instruments</b> |
|--------------------------|--------------------------|-------------------------|----------------------|--------------------------|
| _____ Boondoggle         | _____ Animals            | _____ Baking            | _____ Creative       | _____ Guitar             |
| _____ Ceramics           | _____ Astronomy          | _____ Campfire Programs | _____ Play Direction | _____ Piano              |
| _____ Jewelry            | _____ Birds              | _____ Camp Newspaper    | _____ Skits & Stunts | _____                    |
| _____ Kiln Operation     | _____ Conservation       | _____ Computers         | _____ Theater        | _____                    |
| _____ Leather Work       | _____ Crafts             | _____ Cooking           | _____ Drama          |                          |
| _____ Painting           | _____ Flowers            | _____ Evening Programs  | _____ Dance          |                          |
| _____ Paper Mache        | _____ Forestry           | _____ Library           | _____ Drill          |                          |
| _____ Sketching          | _____ Insects            | _____ Storytelling      | _____                |                          |
| _____ Tie Dying          | _____ Rocks and Minerals | _____ :                 | _____                |                          |
| _____ Wood Working       | _____ Trees & Shrubs     | _____                   | _____                |                          |
| _____ :                  | _____ Weather            |                         |                      |                          |

| <b>Waterfront</b>          | <b>Sports</b>          | <b>Recreation for Developmentally Disabled</b> | <b>Camp Craft &amp; Pioneering</b> |
|----------------------------|------------------------|--|------------------------------------|
| _____ Adapted Aquatics     | _____ Softball         | _____ Nature                                   | _____ Camp Craft                   |
| _____ Lifeguarding         | _____ Basketball       | _____ Music                                    | _____ Hiking                       |
| _____ Pool Maintenance     | _____ Floor Hockey     | _____ Arts & Crafts                            | _____ Outdoor Cooking              |
| _____ Swimming Instruction | _____ Fishing          | _____ Swimming                                 | _____ Overnight Camping            |
| _____                      | _____ Informal Games   | _____ Sports                                   | _____ Orienteering                 |
| _____                      | _____ Initiative Games | _____ Games                                    | _____ Indian Lore                  |
|                            | _____ New Games        | _____  | _____                              |
|                            | _____ Parachute Games  | _____  | _____                              |
|                            | _____ Ping Pong        |  |                                    |
|                            | _____ Soccer           |  |                                    |
|                            | _____ Volleyball       |  |                                    |
|                            | _____ Low Ropes        |  |                                    |
|                            | _____                  |  |                                    |
|                            | _____                  |  |                                    |

### CERTIFICATIONS:

|   | <b>Yes</b> | <b>No</b> | <b>Year Ended:</b> | <b>Where:</b> |
|---|------------|-----------|--------------------|---------------|
| Do you have a Lifeguard training card?        | <b>Yes</b> | <b>No</b> | _____              | _____         |
| Do you have a Water Safety Instructor’s card? | <b>Yes</b> | <b>No</b> | _____              | _____         |
| Do you have a First Aid card?                 | <b>Yes</b> | <b>No</b> | _____              | _____         |
| Do you have CPR card?                         | <b>Yes</b> | <b>No</b> | _____              | _____         |

Do you have Lifeguard Training, CPR for the Professional Rescuer, and Community First Aid and Safety, which qualifies you to be a Lifeguard?      **Yes**      **No**

**Please tell us how you handle these two situations? (Please use additional sheets of paper if needed)**

A camper in your cabin makes fun of a child with a disability.

Give an example of appropriate discipline for an eleven-year old who has been swearing, disrespectful and threatening to hit other campers.

## Self-Identification Compliance Form

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. **YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION.** Data which you provide shall be kept strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans; (ii) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment; and (iii) governmental officials reviewing the Company's compliance status shall be informed.

Name: \_\_\_\_\_

**Gender: Please place a check next to the appropriate category.**

MALE

FEMALE

**Race/Ethnicity: Please check one.**

- Hispanic or Latino
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- White (Not Hispanic or Latino)

**Veteran Status: Check all that apply.**

- I am a disabled veteran. †
- I am a recently separated veteran. † Date of discharge (MM/DD/YY) \_\_\_\_\_
- I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).
- I am not a veteran

**Disability:**

- I am an individual with a disability. \*
- I do not have a disability

### † SELF-IDENTIFICATION FORM DEFINITIONS

1. The term "Disabled Veteran" means –
  - A. a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability; or
  - B. a person who was discharged or released from active duty because of a service-connected disability.
2. The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.
3. An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.

\* You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

|  |   |  |                         |
|--|---|--|-------------------------|
| Blindness                                | Diabetes                                      | Autism Cerebral palsy  | Bipolar disorder        |
| Deafness                                 | Epilepsy                                      | Schizophrenia  | Major depression        |
| Cancer                                   | HIV/AIDS                                      | Muscular dystrophy   | Multiple sclerosis (MS) |
| Missing limbs or partially missing limbs |   | Post-traumatic stress disorder (PTSD)                          |                         |
| Obsessive compulsive disorder            | Impairments requiring the use of a wheelchair | Intellectual disability (previously called mental retardation) |                         |

I have received the form and decline to provide the requested information.