



Staff Application

Date of Application: _____

Please fill out both sides and return to: Director of Campus Based Services
Cradle Beach
8038 Old Lakeshore Rd.
Angola, NY 14006
(716) 549-6307 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: _____

Are you legally eligible to work in the U. S.? Yes No

(In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.)

If hired; background checks are required by all employees, can this be achieved? Yes No

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: _____

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).

Arts & Crafts	Nature	Miscellaneous	Dramatics	Music Instruments
_____ 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			

Waterfront	Sports	Recreation for Developmentally Disabled	Camp Craft & Pioneering
_____ 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:

	Yes	No	Year Ended:	Where:
Do you have a Lifeguard training card?	Yes	No	_____	_____
Do you have a Water Safety Instructor’s card?	Yes	No	_____	_____
Do you have a First Aid card?	Yes	No	_____	_____
Do you have CPR card?	Yes	No	_____	_____

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.