



**APPLICATION FOR EMPLOYMENT  
PLEASE READ CAREFULLY**

All blanks must be completed in order for the application to be considered.

**AN EQUAL OPPORTUNITY EMPLOYER**

Name:		Social Security #: _____ - _____ - _____	
Address:	City:	State:	Zip Code:
Home phone: _____ - _____ - _____		Cell phone: _____ - _____ - _____	
Email address: _____		Alternate contact (name& number): _____	

Are you authorized to work in the U.S.? \_\_\_\_\_ (All persons, upon hiring, must provide valid authorization to work in the U.S.)

**JOB INTEREST**

Position applying for:  lead teacher     teacher     paraprofessional  
 Teen Counselor     volunteer     substitute (position: \_\_\_\_\_)

Date available to work:

June 21-25                       July 5-9                       July 12-16  
 July 19-23                       July 26-30                       August 2-6

Room Leads are required for all weeks (except July 5-9). All other positions have an option of 3, 5, or 6 weeks of employment.

## EDUCATION

	Name/Location School	Course of Study	Graduate? (Y/N/Attending)
High School	_____	_____	_____
College or University	_____	_____	_____
Other	_____	_____	_____
Certifications	_____		

Additional experience/skills and information relating to position you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List name, relationship and phone number of three references (omitting relatives):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Experience / Expectations (please explain)

1. Have you previously worked with students with cognitive disabilities?

\_\_\_\_\_  
\_\_\_\_\_

2. What positions have you held working with people with disabilities?

\_\_\_\_\_  
\_\_\_\_\_

3. How many years of experience working with people with disabilities?

\_\_\_\_\_  
\_\_\_\_\_

4. Some positions require self care assistance to campers such as lifting, toileting and feeding assistance. Is there any reason you cannot participate in any form of assistance that campers may need?

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5. Have you worked in the community with students with disabilities?

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6. Have you ever been trained in positive behavior supports and behavior management?

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Preferred ages to work with:  3-8 yrs.  9-15 yrs.  16-22 yrs.

## **ADDITIONAL INFORMATION**

Have you ever plead guilty, no-contest, or been convicted of a felony? Yes\_\_\_ No\_\_\_

If yes, please

explain: \_\_\_\_\_

(An affirmative response will not automatically disqualify you from being considered as a candidate.)

Is there any additional information you can provide relative to the change of your name, or your use of an assumed name or nickname, which would enable the Organization to make a more effective check of your records?

If yes, please

explain: \_\_\_\_\_

Will you be willing to sign a confidentiality agreement if you are offered a position? \_\_\_\_\_

## **PRE-EMPLOYMENT STATEMENT**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omissions, or misrepresentations on this application or false statements made during the employment process may be considered sufficient cause for rejection of this application, or dismissal if I have been employed, no matter when discovered by the Organization.

I hereby authorize the Organization to investigate my background, references, employment record, driving record (if applicable), and other matters related to my suitability for employment, and further authorize my former employers, or any third party, to disclose to the Organization all reports and other information related to my suitability for employment, personal or otherwise, without giving me prior notice of such disclosures. In addition, I hereby release the Organization, former employers, and all references listed above, from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure. I authorize the release by my current and former employers of the entire or partial contents of my personnel file, as may be sought by the Organization. Copying and mailing costs for any personnel records from my current and former employers provided to the Organization will be paid for by the Organization.

I understand the Organization maintains a drug-free, alcohol-free workplace and that it may require me to submit to a drug test prior to employment or, if employed, at any time during my employment with or without cause. I understand and agree that my failure to cooperate with such a request will be considered a sufficient basis by the Organization for denying me employment or to terminate my employment.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create any employment contract and that, if hired, my employment is terminated at the will of either party with or without prior notice or cause, unless otherwise stated in a written agreement signed by the Director of the Organization.

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

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