

Recreational Activities for the Developmentally Disabled

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EMPLOYMENT APPLICATION

POSITION APPLYING FOR:
(Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Camp Director | <input type="checkbox"/> Youth Camp (Ages 7 to 17) |
| <input type="checkbox"/> Assistant Camp Director | |
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> Adult Camp (Ages 18 & Up) |

EXPLANATION OF WORKERS
16 AND OLDER ARE REQUIRED TO CHANGE AND TRANSFER PARTICIPANTS
THERE ARE NO LONGER 1-2 AND 3 LEVEL WORKERS WE ARE A TEAM AND ARE REQUIRED
TO DO THE SAME JOB EXPECTATIONS.
YOU CAN MARK A PREFERENCE BUT UNFORTUNATLY WE CAN NOT GUARANTEE THAT CAMP

PERSONAL INFORMATION

LAST NAME FIRST NAME MI

MAILING ADDRESS CITY ZIP CODE

PERMANENT STREET ADDRESS (IF DIFFERENT FROM ABOVE) CITY ZIP CODE

HOME PHONE (AREA CODE & NUMBER) CELL PHONE (AREA CODE & NUMBER)

E MAIL ADDRESS

PERSONAL BACKGROUND HISTORY

Previous residence(s) for last 5 years:

Address: _____	City: _____	State: _____	Years: _____
Address: _____	City: _____	State: _____	Years: _____
Address: _____	City: _____	State: _____	Years: _____

NEW EMPLOYMENT HISTORY

EMPLOYER	ADDRESS	CONTACT	PHONE
EMPLOYMENT DATES	TITLE	RESPONSIBILITIES	
EMPLOYER	ADDRESS	CONTACT	PHONE
EMPLOYMENT DATES	TITLE	RESPONSIBILITIES	

PERSONAL REFERENCES

Please provide the contact information of 2 persons (not relatives) who have knowledge of your character, experience and ability:

NAME	PHONE	EMAIL
ADDRESS	CITY	ZIP CODE
NAME	PHONE	EMAIL
ADDRESS	CITY	ZIP CODE

EDUCATIONAL HISTORY

Highest level of education completed: _____ Current level in school: _____

Please list any degrees or certificates which you feel may provide benefit to RADD: _____

CURRENT CERTIFICATES / LICENSES

CPR Certification: Expiration: _____ Lifeguard CNA Medication Administration Certificate
First Aid Certification: Yes No Expiration: _____ Other: _____

KNOWLEDGE, SKILLS, AND ABILITIES

Do you have any new special skills / talents that you would be willing to share? Yes No

If so, please describe: _____

Do you have any new experience working with individuals with special needs?

Yes No

If so, please describe: _____

Describe any special knowledge, skills and abilities that you possess or have gained that are not listed above and that you feel would provide benefit to the program that you are applying for:

Why are you applying for this position?

If you are applying for a leadership position, what skills do you feel qualify you for this position?

If you do not get the leadership position you applied for, what will you do?

What are you looking most forward to at Camp Kinder this summer?

What are you looking least forward to at Camp Kinder this summer?

REQUESTED TIME OFF

Please list any time off you may need from June 24th through August 16th:
(Camp Kinder begins on June 24th and ends of August 16th , training will be held the week of June 17th)

PERSONAL BACKGROUND HISTORY

Have you ever been convicted, fined, placed on probation or imprisoned? Yes No

If yes, please explain: (Use a separate sheet if necessary) _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the agency and all others from liability in connection with same. I understand that, if employed, that untrue, misleading, or omitted information herein or in other documents completed by the applicant may result in dismissal, regardless of the time of discovery.

Signature: _____

Date: _____

RADD is an equal opportunity employer