

Recreational Activities for the Developmentally Disabled

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**EMPLOYMENT APPLICATION**

**POSITION APPLYING FOR:**

**(Please check all that apply)**

❒ Camp Director ❒ Youth Camp (Ages 5 to 12)

❒ Assistant Camp Director ❒ Teen Camp (Ages 13 to 17)

❒ Camp Counselor ❒ Adult Camp (Ages 18 & Up)

**EXPLANATION OF WORKER LEVELS**

**16 & OLDER ARE EXPECTED TO CHANGE AND TRANSFER PARTICIPANTS.**

**THERE ARE NO LONGER 1, 2 & 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**

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LAST NAME FIRST NAME MI

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MAILING ADDRESS CITY ZIP CODE

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

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

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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**

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EMPLOYER ADDRESS CONTACT PHONE

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EMPLOYMENT DATES TITLE RESPONSIBILITIES

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EMPLOYER ADDRESS CONTACT PHONE

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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

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ADDRESS CITY ZIP CODE

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NAME PHONE EMAIL

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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: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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:

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

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Why are you applying for this position?

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

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

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

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

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**REQUESTED TIME OFF**

Please list any time off you may need from June 27th through August 19th:

*(Camp Kinder begins on June 27th and ends on August 19th, training will be held the week of June 27th )*

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**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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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*