

CAMP VENTURE

APPLICATION FOR EMPLOYMENT COVER SHEET

Please CIRCLE YOUR RESPONSE

1. Do you have a high school diploma/GED? **Please see if this is a requirement of the position you are applying for.** Yes No

If yes, you will need to provide a copy of your Diploma or certificate, if offered employment.

2. Have you ever worked for Camp Venture? **If YES – Please contact us to see if you are eligible for rehire.** Yes No

3. Do you have a New York State Driver's License which has been valid for 3 years? Yes No
Please Note: (If you now reside and drive in NYS you are required by law to obtain a NYS license).

I agree/authorize Camp Venture to obtain my New York State Driving Abstract. Agree Do Not Agree

4. Do you have a Driver's License from another state which has been valid for or within the past 3 years? Yes No

Please Note:

If yes, then you must provide a Driving Abstract from the Division of Motor Vehicles of the State where you are/were licensed.

Name(as it appears on your Drivers License): _____

Drivers' License No.: _____ State: _____ Class: _____

5. **Do you understand you must attend Camp Venture's Agency Basic Training and pass all required testing?** Yes No

6. I understand I will receive a Tuberculosis screening (a small needle filled with fluid will be placed under my skin, as required by the New York State Department of Health, to test for Tuberculosis). This will be repeated annually. If I have received this screening within the past 12 months or if I am a positive reactor, I will bring documentation to the HR Dept. prior to the first day of Agency Basic Training. Agree Do Not Agree

7. **REFERRAL SOURCE: CHECK SOURCE**
Camp Venture's Website _____ Newspaper (Specify) _____ Job Fair (Specify) _____
Job Board (INDEED, etc.) _____ Employee Referral _____ Walk-In _____ Other _____

PRINT NAME

APPLICANT SIGNATURE / DATE



**Applicant Consent Form for
Fingerprinting for Justice Center
Criminal Background Check (CBC)**

NYS Justice Center for the
Protection of People with Special
Needs (Justice Center)
Criminal Background Check Unit

Part 1. Applicant Information (Please Print)

Last Name: _____		First Name: _____		MI: _____
Date of Birth: _____	Applicant type: Employee <input type="checkbox"/> Volunteer <input type="checkbox"/>		Family Care <input type="checkbox"/> Operator <input type="checkbox"/>	
Applicant address, city state: _____			Social Security Number: _____	
Facility/Provider Name: _____				

Part 2. Attestation

- I have been advised that as part of the application process, the facility or provider agency listed above must request a background check with the NYS Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) and the Justice Center must review and evaluate the results received from DCJS and the FBI. A conviction for certain crimes may affect my suitability for employment in this position.
- I consent to having my fingerprints taken and submitted to DCJS and the FBI and consent to the Justice Center sharing with the facility or provider agency listed above a summary of the NYS criminal history information, if any, returned by DCJS, as part of its background investigation of my suitability for employment or volunteer service, or for certification as a natural person operator.
- I have been advised that procedures exist for me to obtain, review and, if necessary, seek correction of my criminal history information pursuant to regulations established by DCJS in 9 NYCRR Part 6050, and the FBI, as applicable.
- I have been advised that I have the right to withdraw my application for employment or volunteer service, or certification as a natural person operator, without prejudice, any time before employment, volunteer service, or certification as a natural person operator is offered or declined, regardless of whether the authorized person of the facility or provider agency has reviewed the summary of any criminal history information.
- I have been advised that the results of the criminal background check forwarded to the Justice Center shall be confidential pursuant to the applicable federal and state laws, rules and regulations, and shall only be disclosed to persons authorized by law. Criminal history information will be considered pursuant to Article 23-A of the NYS Correction Law in making hiring determinations.
- I affirm that the fingerprints submitted will be my own and that the information I have provided is true, complete and accurate.
- I certify to the best of my knowledge that I: (check as appropriate)
 - have not been convicted of a crime.
 - have been convicted of a crime in NY or other jurisdiction.
 - have pending arrest charges.
 If (b) or (c) is checked, provide details: _____

- I have been advised that my social security number is being requested so that the Justice Center may check whether I am on the Staff Exclusion List as required by Social Services Law and will be performed prior to the criminal history information check.

You have not been convicted of a crime if:

- Your conviction was sealed; dismissed; reversed; resulted in a youthful offender (YO) or juvenile delinquency (JD) adjudication; resulted in a conviction for a non-criminal violation offense; or if you were acquitted;
- you received an Adjudgment in Contemplation of Dismissal (ACD) and the adjournment period has elapsed; or
- you withdrew your plea after completing a treatment program, and were not convicted of a felony or misdemeanor.

Applicant Signature	_____	Date:	_____
Guardian signature if under 18	_____	Date:	_____
Part 3	Facility or Provider Agency Authorized Person Information		
Authorized Person Name:	LISA KIRRANE	Title:	DIR. OF HUMAN RESOURCES
Signature:	<i>Lisa Kirrane</i>	Email:	LKIRRANE@CAMPVENTURE.ORG

7. List all employment history serving people with developmental disabilities that occurred beyond 7 years. Write "none" if there is no history. Use an additional sheet if needed.

Full Name of Employer	Location (e.g., city, state)	Start Date	End Date

8. List all volunteer work for the past 7 years and volunteer work serving people with developmental disabilities at any time. Write "none" if there is no history. Use an additional sheet if needed.

Full Name of Agency/Organization	Location (e.g., city, state)	Start Date	End Date

I CERTIFY that the information provided in this form is true and correct to the best of my knowledge and belief, and authorize investigation of all information given.

The provision of false information is grounds for dismissal.

SIGNATURE: _____ DATE: _____

AGENCY CERTIFICATION: I certify that I have reviewed the employment/volunteer history provided by this applicant and that, to the best of my knowledge, the applicant has no employment/volunteer history in the OPWDD system. I also certify that I am an individual designated as an "authorized person" who is authorized to request and receive criminal history information pursuant to exec. L. 845-b.

SIGNATURE: _____ DATE: _____

If the Provider of Services agency has certified the applicant has no employment/volunteer history with OPWDD, the agency may hire the applicant and must retain this form as documentation.

CAMP VENTURE

25 Smith Street, 5th floor, Nanuet, NY 10954 (845) 624-3860

APPLICATION FOR EMPLOYMENT

Referral Bonus Form

Thank you for your interest in working at Camp Venture

Your Name: _____

Today's Date: _____
Month Day Year

Were you referred by a current Camp Venture Employee Yes No (go to next page)

If yes:

Name of employee who referred you: _____

Where do they work? _____
City State

Turn to next page to fill out application for employment

This section MUST be completed in order for your referring employee to receive the Referral Bonus

For Office Use Only

Date Hired: _____

Position & Position Number: _____

Full Time Part Time

Successful completion of one year of employment: _____

Referring employee still employed at Camp Venture: _____

Pay date bonus will be paid: _____

CAMP VENTURE

25 Smith Street, 5th floor, Nanuet, NY 10954 (845) 624-3860

Thank you for your interest in working at Camp Venture. Please fill out all pages of this application. If you have a resume, please feel free to attach it to the application.

We are an Equal Opportunity Employer

All persons shall have the opportunity to be considered for employment without regard to their race, sexual orientation, color, religion, national origin or ancestry, age, disability, sex, marital status, veteran status, citizenship, or any other characteristic protected by applicable Federal, State or local laws.

Camp Venture will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of our agency. If you require such assistance to complete this form, to participate in an interview or to perform your job, please let us know.

Please print in ink and complete the form fully. All information will be treated in strict confidence.

NAME _____
First Middle Last

ADDRESS: _____
Street City State Zip Code

TELEPHONE NUMBER/S: _____

E-MAIL ADDRESS: _____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES Yes No
IF YOU ARE HIRED, PROOF OF ELIGIBILITY WILL BE REQUIRED

EDUCATION	GRADUATE?	DEGREE ATTAINED
High School/GED Name: City and State (Country if outside U.S.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If offered employment, must supply copy of Diploma/Certificate)
College Name: City and State (Country if outside U.S.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School/Other Name: City and State (Country if outside U.S.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If offered employment, must supply copy of Diploma/Certificate)

PERSONAL REFERENCES (Please list **two** people, not relatives, who have known you for at least three years: e.g., Clergy, Doctor, Teacher, Banker, etc.)

1. _____
Name Street Address City State Phone (include area code) Relationship

2. _____
Name Street Address City State Phone (include area code) Relationship

LIST COMPLETE EMPLOYMENT HISTORY: to include the LAST SEVEN YEARS (list most recent first)

Employer's Name: _____

Employer's Address: _____

Employer's Phone Number () _____
Street Address City State Zip Code

Job Title / Description: _____

Dates Employed: Start Date _____ End Date: _____

Why did you leave? _____

Specific Duties Performed: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone Number () _____
Street Address City State Zip Code

Job Title / Description: _____

Dates Employed: Start Date _____ End Date: _____

Why did you leave? _____

Specific Duties Performed: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone Number () _____
Street Address City State Zip Code

Job Title / Description: _____

Dates Employed: Start Date _____ End Date: _____

Why did you leave? _____

Specific Duties Performed: _____

Additional Employment Info (if needed):

Employer's Name: _____

Employer's Address: _____

Employer's Phone Number () _____
Street Address City State Zip Code

Job Title / Description: _____

Dates Employed: Start Date _____ End Date: _____

Why did you leave? _____

Specific Duties Performed: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone Number () _____
Street Address City State Zip Code

Job Title / Description: _____

Dates Employed: Start Date _____ End Date: _____

Why did you leave? _____

Specific Duties Performed: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone Number () _____
Street Address City State Zip Code

Job Title / Description: _____

Dates Employed: Start Date _____ End Date: _____

Why did you leave? _____

Specific Duties Performed: _____

WORK EXPERIENCE

Have you ever worked at **any Camp Venture program, house, or office in any capacity?**

Yes No If yes, where? _____

Have you ever been employed by any agency or division of the NYS OPWDD (Office of People with Developmental Disabilities), or other State Agency or Human Service / Direct Care Provider?

Yes No If yes, where? _____

QUALIFICATIONS / CERTIFICATIONS:

Have you successfully completed a course in?

- ◆ NYS OPWDD Medication Administration Yes No Date: _____
- ◆ Current First Aid Yes No Date: _____
- ◆ Current CPR Yes No Date: _____
- ◆ Defensive Driving Yes No Date: _____
- ◆ SCIP-R Yes No Date: _____

What position number(s) are you applying for? _____

Are you able to work all the posted hours for this/these position(s)? Yes No

DRIVER LICENSE INFORMATION –

Camp Venture requires you to have a valid New York State Driver’s License or license from another state and have been **licensed to drive for at least three years.**

Please Note: (If you now reside in NYS you are required by law to obtain a NYS license).

I meet these requirements I do not meet these requirements

Any Moving Violations? Yes No

If yes, list date, type and if it occurred on or off the job:

Any Motor Vehicle accidents (on or off the job)? Yes No

If yes, please explain: _____

- ◆ Any Driving While Impaired (DWI) Yes No Date: _____
- ◆ Any revocation of license? Yes No Dates: _____ to _____
- ◆ Any suspension of license? Yes No Dates: _____ to _____

I UNDERSTAND THAT MY DRIVER’S LICENSE NUMBER WILL BE USED TO OBTAIN A COPY OF MY DRIVING ABSTRACT TO DETERMINE IF I AM ELIGIBLE TO DRIVE FOR CAMP VENTURE.

Venture reserves the right to alter any employee's hours/job location or to transfer any employee based on the needs and best interest of the agency. All applicants are required to take and pass Camp Venture's basic training program before working at any program.

Have you ever been convicted of a crime? Yes No

Do you currently have any pending criminal charges against you? Yes No

IF YOU ANSWERED YES TO EITHER OF THE TWO ABOVE QUESTIONS, PLEASE DESCRIBE THE CRIME OR PENDING CRIMINAL ACTION OR PROCEEDING BELOW:

PLEASE NOTE:

EFFECTIVE APRIL 1, 2005, CAMP VENTURE IS REQUIRED BY LAW TO HAVE A CRIMINAL BACKGROUND CHECK COMPLETED/DONE ON ALL PROSPECTIVE APPLICANTS WHO WILL HAVE REGULAR UNSUPERVISED CONTACT WITH OUR CONSUMERS. WE WILL BE NOTIFIED IF YOU HAVE EVER BEEN CONVICTED OF A CRIME OR HAVE A CRIMINAL CHARGE PENDING (EVEN IF THE CHARGE IS CONSIDERED SEALED, IT WILL BE DISCLOSED). THEREFORE, IF WE DETERMINE THAT THE INFORMATION YOU PROVIDED IS FALSE, OR THAT YOU DID NOT SUPPLY ANY AND ALL INFORMATION REGARDING CONVICTIONS OR PENDING CRIMINAL CHARGES, YOU WILL BE IMMEDIATELY TERMINATED FOR FALSIFYING YOUR APPLICATION.

I HAVE READ AND UNDERSTAND THE ABOVE.

SIGNATURE OF APPLICANT