

CAMP VENTURE

25 Smith Street, Suite 510, Nanuet, NY 10954 (845) 624-3860

Thank you for your interest in working at Camp Venture. Please fill out all pages of this 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 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): _____
Home Cell

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 School Name, City and State (Country if outside U.S.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Must supply copy of Diploma/Certificate)
College School Name, City and State (Country if outside U.S.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Copy of Diploma may be required)
Trade School / Other: School Name, City and State (Country if outside U.S.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Copy of Diploma may be required)

Employment History (List most recent first)

Employer Name: _____

Employer Address: _____
Street Address City State Zip Code

Employer Phone Number _____

Job Title / Description: _____

Dates Employed: Start Date _____ End Date: _____

Why did you leave? _____

Specific Duties Performed:

Employer Name: _____

Employer Address: _____
Street Address City State Zip Code

Employer Phone Number _____

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(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 two 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

REFERRAL SOURCE: CHECK SOURCE

Camp Venture’s Website _____ Job Board (INDEED, etc.) _____ Walk-In _____

Employee Referral _____ Job Fair (Specify) _____ Other _____

By signing below, I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusal to hire or for discharge should I be hired.

Signature of Applicant

Date