



**4-H Camp Wabasso**  
**Cornell Cooperative Extension of Jefferson County**  
**Employment Application**



Instructions: **Please Type or Print Clearly**

**PERSONAL INFORMATION:** (Name must match Social Security Card)

Name \_\_\_\_\_  
 Last First Middle Cell Phone

Mailing \_\_\_\_\_  
 Address: Street City State Zip Home Phone

Email: \_\_\_\_\_ Are you a veteran?  Yes  No  
 (If yes, list special education received.)

Are you a U.S. citizen?  Yes  No If no, are you legally authorized to work in the U.S.?  Yes  No  
 If hired, you will need to provide proof of citizenship or legal right to work in the U.S.

CURRENT OCCUPATION OR YEAR IN SCHOOL: \_\_\_\_\_

DATES AVAILABLE FOR EMPLOYMENT: From \_\_\_\_\_ To \_\_\_\_\_

Are you at least 18 years of age?  Yes  No Have you ever been convicted of a crime?  Yes  No

If yes please state the type of offense and explain the conviction: \_\_\_\_\_

What was your source of referral to 4-H Camp Wabasso?

<input type="checkbox"/>	Self	<input type="checkbox"/>	School
<input type="checkbox"/>	Friend	<input type="checkbox"/>	Employment Agency
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	Telephone
<input type="checkbox"/>	Website	<input type="checkbox"/>	Walk-in
<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Other:

**EDUCATION:**

SCHOOL	SCHOOL NAME & ADDRESS	DATES ATTENDED	MAJOR	DEGREE COMPLETED
High School				
College				
Technical School				
Graduate School				
Special Workshops, Trainings or Courses				

**CHECK ALL CURRENT CERTIFICATION(S):**

Photocopies of current certification(s) ***MUST BE ATTACHED*** to this application.

TYPE OF CERTIFICATION	Date Issued	Expiration Date	Expected Date of Issue	LOCATION
ARC Responding to Emergencies				
ARC Community First Aid				
ARC Community CPR				
ARC Infant/Children CPR				
ARC CPR/Professional Rescuer				
ARC Water Safety Instructor				
ARC Lifeguard Instructor				
ARC Waterfront Lifeguard				
ARC Lifeguard Training				
Other				

**ARC = American Red Cross**

List any other certifications, licenses, or special credentials that you possess (example EMT, Driver's License).

**Photocopies of certifications and licenses *MUST BE ATTACHED* to this application including Driver's License.**

TYPE	LICENSE NUMBER	EXPIRATION DATE

**EMPLOYMENT HISTORY:** List most recent employment first.

DATES	EMPLOYER	ADDRESS/PHONE	POSITION	SUPERVISOR	REASON FOR LEAVING

**CAMP EXPERIENCE:** Please complete the following.

CAMP	SPONSORING AGENCY: 4-H, SCOUTS, PRIVATE	CAMPER YES/NO	# OF YEARS	TITLE OF POSITION	YEAR

**POSITIONS:** Please place a check by the position(s) you are applying for.

- |                              |                                |                                |
|------------------------------|--------------------------------|--------------------------------|
| _____ Assistant Director     | _____ Program Area Coordinator | _____ Health Coordinator/Nurse |
| _____ Night Safety Officer   | _____ Waterfront Coordinator   | _____ Senior Counselor (18+)   |
| _____ Kitchen Manager/Cook   | _____ Kitchen Assistant        | _____ Lifeguard                |
| _____ Junior Counselor (17+) |                                |                                |

Please list the **THREE** (3) program areas in which you feel most qualified to teach.

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

Please list the **THREE** (3) camp activities that you will be able to assist the instructor.

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

Please list the **THREE** (3) camp activities that you CANNOT or DO NOT want to teach.

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

Briefly describe your qualifications for the position that you are applying for.

Are there any reasons you may have difficulty in performing any of the essential functions of the job for which you have applied?    \_\_\_ Yes    \_\_\_ No    If yes please explain.

Briefly describe any other experience you have had working with children (traditional, disabled, or at-risk youth) which you feel will assist you in the position.

Briefly describe what you can offer in the way of a positive growth experience to children attending 4-H Camp Wabasso.

What age group of children would you prefer working with and why?

**REFERENCES:**

Please list three people, **NOT RELATED** to you, who can judge your qualifications for the position(s) for which you have applied. If you have held a paid position, at least one reference should be from a supervisor. Also, if you have held a camp job, at least one reference must be from a previous camp director, administrator, or agency representative. **Please ensure the information, specifically the phone number, is accurate.** Your completed application must be sent directly to:

**4-H Camp Wabasso  
Cornell Cooperative Extension of Jefferson County  
203 N. Hamilton Street  
Watertown, NY 13601  
PHONE: 315-788-8450  
FAX: 315-788-8461  
sag58@cornell.edu**

NAME	ADDRESS	PHONE NUMBER	TITLE

**Cornell Cooperative Extension of Jefferson County Important Notice to Applicants**

**Disability Accommodation Available for Applicants:** I understand that if I require an accommodation for a disability so that I may participate in the selection process I am encouraged to contact Cornell Cooperative Extension of Jefferson County (CCE) office where I am applying.

**Equal Opportunity/Affirmative Action Employer:** Cornell Cooperative Extension of Jefferson County is an Equal Opportunity/Affirmative Action Employer and Educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities. CCE is an organization committed to diversity, inclusiveness and a welcoming environment for its educators, staff, and program participants. Consistent with this commitment, qualified individuals are considered for employment without regard to any legally protected status, including race, color, creed, religion, national origin, age, sex, marital status, disability, sexual orientation, or veteran status. I understand that if I become employed at Cornell Cooperative Extension, it is CCE's expectation that I will comply with all anti-discrimination laws and support extension's commitment to diversity and inclusion.

**Application Fraud & Misrepresentation:** I certify that all statements (verbal and written) made on any and all material collected during the hiring process are true, complete, and accurate and I understand that misrepresentation or omission of facts called for in the employment application, resume, interview process, or other application material may prohibit consideration for employment at CCE and is cause for immediate termination if employed.

**Reference and Background Checking:** Applying for a specific job authorizes Cornell Cooperative Extension of Jefferson County to contact any of your schools, your current and former employers, or other references for the purpose of verifying information and/or obtaining an account of your education, work experience, and skills. By applying for a job you agree to hold any and all of your reference sources harmless and free of any liability for releasing such information. Please note that a more extensive background check is part of the employment decision making process and you will need to sign any necessary disclosure and release forms as part of the hiring process.

Please note that the point at which your prospective hiring supervisor will contact your employer may vary; however, this is most commonly done on a pre-employment basis usually after the initial interview. This practice is rarely performed on a pre-interview basis. If you have concerns about having your current employer contacted, please communicate those concerns to the person who conducts your initial interview to determine what, if any, alternatives exist. May we contact your present employer? Yes No (NOTE: If you are one of the final candidates, it will be necessary to check with your employer for references and employment information.)

**Employment Eligibility Verification:** All offers of employment by Cornell Cooperative Extension of Jefferson County are contingent on the provision of satisfactory proof of your identity and legal authority to work in the United States. Prior to or on your first day of employment, you must comply with the requirements of the Immigration and Naturalization Service's Employment Eligibility Verification (I-9 Form).

**Offers of Employment:** Please be advised that Cornell Cooperative Extension of Jefferson County will not be bound by offers or conditions of employment other than those made in official offer letters.

I hereby authorize investigation of all statements contained in this and other application documents. I understand that references contacted will not necessarily be limited to those indicated on this application. I authorize my former employers/schools and other individuals to release information relevant to my knowledge, skill, ability, experience, and suitability for the position for which I am applying. I further understand that employment with Cornell Cooperative Extension of Jefferson County is "at will" in that I, or the employer, may terminate employment at any time or for any reason consistent with applicable state or federal law. By signing the statement, I willfully accept the terms listed above.

Applicant's Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

*(Parent/Guardian signature required if applicant is 17 years or younger.)*