



# ASSISTANT DIRECTOR/ NURSE/ COOK APPLICATION 2024

GENERAL					
Name (Last)	(First)			(Middle)	Date of birth
Present address (street, city, state, zip code)				Phone number	
Address where you may be contacted (if different from present address)				Email address	
Are you a veteran? ☐ Yes (If yes, list special educatio	s, list special education received)  If no, are you le			rized to work in the lovide proof of citize	U.S.? ☐ Yes ☐ No enship or legal right to work in the
Have you ever been convicte if yes, please explain. A crim he offense, time elapsed, and	inal conviction will be con	isidered only in r			applying. seriousness and nature of
POSITION					
Position applying for Assistant Camp Director (June 23- August 17) Camp Nurse (June 30- August 16) Camp Cook (June 23- August 16) Are there any known dates that you will not be available?			Availability (if not resident, please check all that apply)  Resident Hours (overnight)  Morning (7:00am-9:30am)  Late Morning (9:30am-12:00pm)  Afternoon (12:00pm-2:30pm)  Evening (2:30pm-5:00pm)  Late Evening (5:00pm-7:30pm)  Night (7:30pm-10:00pm)		
Where did you learn about	this position opening?				
•	ed discrimination involving	g, but not limited			on shall be denied employment on the distribution of the distribut
EDUCATION					
Institution	City and State	Dates attend	led	Major	Minor

Please identify experience	es relevant to this position (i.e. li	ifeguard certification, former camp counse	elor.etc.)			
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Present or Last Employer		Starting date	Starting date			
Street		Ending date				
City	State	Prior salary	Prior salary			
Zip code	Phone	Expected salary at Camp (	Owahta			
Position title		Hours worked per week _ Full time ☐ Part time ☐				
Position duties (include m	umber and types of people super	vised)				
Describe any promotions	or new assignments during this	employment				
, T		F - J				
Name and job title of last	supervisor					
Reason for leaving						
REFERENCES						
	an personal friends are relatives	, who have knowledge of your work expe	rience and/ or education			
Name	Title	Mailing Address	Telephone			
			Home: Work:			
			Home: Work:			
			Home: Work:			
			Home:			





## **Cornell Cooperative Extension Association 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 (CCE) office where I am applying.

#### Equal Opportunity/Affirmative Action Employer and Educator

Cornell Cooperative Extension is an Equal Opportunity/Affirmative Action Employer and Educator. CCE is an organization committed to diversity, inclusiveness and a welcoming environment for its educator, 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 the CCE's expectation that I will comply with all anti-discrimination laws and support the 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 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 including, but not limited to, an authorization form 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 preemployment 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?  $\square$  Yes  $\square$  No (NOTE: If you are one of the final candidates, it will be necessary to check with your employer for references and employment information. An offer will be contingent upon the successful completion of the reference checking with the current employer.)

#### **Employment Eligibility Verification**

All offers of employment by Cornell Cooperative Extension 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 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 a Cornell Cooperative Extension association 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.

Date	Signature	
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