

NEW YORK SERVICE FOR THE HANDICAPPED
CAMP OAKHURST

JOB APPLICATION



111 Monmouth Road
Oakhurst, NJ 07755

Phone: 732-531-0215

Fax: 732-531-0292

E-mail: info@nysh.org

Last Name _____ First Name _____ Initial _____ Male Female

Home Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____ E-mail _____

Please list your current (eg. school) address, if it is different from the one above.

Current Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell _____ E-mail _____

What position(s) are you applying for? _____

_____ Required Salary _____

What is the earliest date that you could start working? _____

If you are applying for a summer job, what is the latest date you could remain at Camp? _____

Are you 18 years of age or older? Yes No Date of Birth (optional) _____

Are you a citizen of the United States? Yes No Social Security Number _____

If you are not a U.S. citizen, what type of visa and/or work permit do you have? _____

A personal interview is preferable and can be held at the New York Office or at Camp Oakhurst. A phone interview may be substituted when a personal interview is not possible. Please tell us when, where and how.

I prefer a phone interview, because _____

I would like to schedule a personal interview: at the [] NY Office or at [] Camp Oakhurst.

Tell us the best day of the week, dates and times for you. Please give some alternatives. _____

EDUCATIONAL AND WORK BACKGROUND (Attach a resume if available.)

EDUCATION (Start with High School):

High School _____ Years Attended _____

City _____ State _____ Year Graduated _____

College _____ Years Attended _____

City _____ State _____

Major Field of Study _____ Degree Earned _____

College _____ Years Attended _____

City _____ State _____

Major Field of Study _____ Degree Earned _____

Other Training or Professional Study _____

WORK EXPERIENCE (Start with current or most recent employer.)

Employer _____ Your Position _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Phone _____ Dates: from _____ to _____

Duties _____

Wages \$ _____ per _____ Reason for Leaving _____

Employer _____ Your Position _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Phone _____ Dates: from _____ to _____

Duties _____

Wages \$ _____ per _____ Reason for Leaving _____

VOLUNTEER EXPERIENCE AND COMMUNITY SERVICE

Organization _____ Your Position _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Phone _____ Dates: from _____ to _____

Duties _____

Organization _____ Your Position _____

Address _____ City _____ State _____ Zip _____

Supervisor _____ Phone _____ Dates: from _____ to _____

Duties _____

REFERENCES (List two persons who will provide a reference, such as a former employer, teacher or other professional, not a friend or family member. If you have written reference(s), attach a copy.)

Name _____ Nature of Relationship _____

Address _____

City _____ State _____ Zip _____ Phone _____

Name _____ Nature of Relationship _____

Address _____

City _____ State _____ Zip _____ Phone _____

GENERAL INFORMATION (Please explain any "yes" answers to the following two questions on a separate sheet.)

Have you ever been convicted of a crime other than a traffic violation? Yes No

Have you ever been charged with a crime related to the mistreatment, abuse or molestation of a child? Yes No

PLEASE ANSWER THE FOLLOWING QUESTIONS

Why do you want to work with individuals who have physical disabilities? _____

What experiences have helped you prepare for the position(s) for which you are applying? _____

Describe some of your strengths, weaknesses, likes and dislikes? _____

Do you have a valid driver's license? Yes No

License Number _____ State _____

ACTIVITY SKILLS

Do you play a musical instrument? Yes No If yes, which instrument(s)? _____

Mark those activities in which you have some skills "S" and those which you could lead "L".

<input type="checkbox"/> Art	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Nature Study
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Crafts	<input type="checkbox"/> Drama	<input type="checkbox"/> Fitness or Aerobics
<input type="checkbox"/> Cooking	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Stagecraft	<input type="checkbox"/> Music
<input type="checkbox"/> Puppetry	<input type="checkbox"/> Photography	<input type="checkbox"/> Creative Writing	<input type="checkbox"/> Media Arts (video, recording)
<input type="checkbox"/> Swimming	<input type="checkbox"/> Woodworking	<input type="checkbox"/> Pioneering	<input type="checkbox"/> Computers
<input type="checkbox"/> Other _____			

Are you currently certified as a Lifeguard? Yes No Water Safety Instructor? Yes No

Are you currently certified in CPR? Yes No First Aid? Yes No

Do you speak any language other than English? Yes No If yes, which one(s) _____

Are there any reasons you may have difficulty in performing the duties of the job(s) for which you have applied, such as lifting, pushing a wheelchair or assisting people in the swimming pool. Yes No

If yes, please explain. _____

Where did you hear about Camp Oakhurst?

<input type="checkbox"/> School Placement Office	<input type="checkbox"/> Advertisement – name of media _____
<input type="checkbox"/> School Job Fair	<input type="checkbox"/> Friend, Colleague or Former Employee _____
<input type="checkbox"/> Internet Website	_____

CERTIFICATION AND AGREEMENT

(Please read carefully and sign below.)

I authorize the New York Service for the Handicapped - Camp Oakhurst to obtain information by contacting individuals, schools, employers, government agencies and other organizations mentioned in this application for the purpose of evaluating my application. I further give permission to the individuals, schools, employers, government agencies and other organizations mentioned in this application to provide the New York Service for the Handicapped - Camp Oakhurst with information in connection with my job application, including evaluations of my prior work performance. I affirm that the statements in this application are true to the best of my knowledge. I further understand that any intentional misrepresentation will be considered sufficient grounds for disqualification or termination.

Signature of Applicant _____ Date _____

rev 1/11

The New York Service for the Handicapped is an Equal Opportunity Employer.