



4-H CAMP  
**SHANKITUNK**



**Cornell Cooperative Extension**  
Delaware County

(June-August)  
2420 Arbor Hill Road  
Delhi, NY 13753  
t. 607-746-2004  
f. 607-746-2508  
e. shankitunk4hcamp@cornell.edu  
campshankitunk.org

Resource Center  
34570 State Hwy 10, Suite 2  
Hamden, NY 13782-1120  
t. 607-865-6531  
f. 607-865-6532  
e. delaware@cornell.edu  
ccedelaware.org

## EMPLOYMENT APPLICATION

Instructions: **Please type or print clearly**

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

Name \_\_\_\_\_  
Last First Middle Social Security Number

Permanent Address: \_\_\_\_\_  
Street City State Zip Phone

School Address: \_\_\_\_\_  
Street City State Zip Phone

**\* Please star the best address to reach you.**

E-mail: \_\_\_\_\_

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.

How were you referred to 4-H Camp Shankitunk?  
Check all that apply.

<input type="checkbox"/>	Self	<input type="checkbox"/>	Friend
<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	School
<input type="checkbox"/>	Radio	<input type="checkbox"/>	Employment Agency
<input type="checkbox"/>	Web/Social Media	<input type="checkbox"/>	Other:

**EDUCATION:**

SCHOOL	SCHOOL NAME & ADDRESS	DATES ATTENDED	MAJOR	DEGREE COMPLETED
High School				
College				
Technical School				
Graduate School				

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**PHOTOCOPIES OF CURRENT CERTIFICATIONS(S) MUST BE ATTACHED TO THIS APPLICATION.**

TYPE OF CERTIFICATION	PROVIDER	DATE ISSUED	EXPIRATION	LOCATION
First Aid:				
CPR-Professional Rescuer				
Water Safety Instructor				
Life Guard				
4-H Shooting Sports – Archery				
Nursing:				
Other:				

Certifications must be accepted by the Department of Health as being equivalent to or exceeding course standards specified in Section 7-2.2(m).

List any other certifications, licenses or special credentials that you possess (example EMT, Drivers License, etc.).

**PHOTOCOPIES OF SOCIAL SECURITY CARD, DRIVERS LICENCE, AND CERTIFICATIONS MUST BE ATTACHED.**

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	POSITION	SALARY	YEAR

Are you a returning Camp Staff member? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, position(s) held: \_\_\_\_\_ Year(s) \_\_\_\_\_ Salary \_\_\_\_\_  
 \_\_\_\_\_ Year(s) \_\_\_\_\_ Salary \_\_\_\_\_

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**POSITIONS:** Please place a checkmark by the position you are applying for. Please rank, if you are interested in applying for multiple positions. 1 = Position most desired.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Camp Director          | <input type="checkbox"/> Aquatics Director | <input type="checkbox"/> Food Service Director |
| <input type="checkbox"/> CIT Director           | <input type="checkbox"/> Craft Director    | <input type="checkbox"/> Assistant Cook        |
| <input type="checkbox"/> Program Director       | <input type="checkbox"/> Day Camp Director | <input type="checkbox"/> Kitchen Assistant     |
| <input type="checkbox"/> STEM Coordinator       | <input type="checkbox"/> Counselor         | <input type="checkbox"/> Camp Babysitter       |
| <input type="checkbox"/> Health Director /Nurse | <input type="checkbox"/> Maintenance       | <input type="checkbox"/> Other: _____          |

Please list **THREE** (3) camp activities you feel qualified to teach.

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

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

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

Please list **THREE** (3) camp activities that you cannot and 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 so 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 Shankitunk.

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

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**REFERENCES:** Please list three people, **NOT RELATED** to you, who can judge your qualifications for the position(s) that you have applied for. 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. Enclosed are three reference forms for you to give to your references to complete. Your completed application and references must be sent directly to:

**4-H CAMP SHANKITUNK**  
**34570 State Hwy 10, Suite 2 HAMDEN, NY 13782**  
**Attn: Cathy Scofield**  
**PHONE: 607-865-6531**  
**FAX: 607-865-6532**

NAME	ADDRESS	PHONE	TITLE

**Cornell Cooperative Extension Association Important Notice to Applicants**

**Disability Accommodation Available for Applicants** I understand that if I require 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. I can perform the essential functions of the position for which I am applying with or without accommodation.

**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 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 exists.)

**May we contact your present employer?**  YES  NO

(NOTE: If you are a final candidate, 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 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.

**AGREEMENT:** 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.

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

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent/guardian signature required if applicant is 18 years of age or younger.)

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