



**History of Employment:** List three former employers, beginning with the most recent.

<b>1</b>	Company Name:	Telephone: ( )
	Address:	Employed From: / / To: / /
	Job Title:	May we contact this employer? Yes No
	Name of Supervisor:	Please Initial Approval: _____
<b>2</b>	Company Name:	Telephone: ( )
	Address:	Employed From: / / To: / /
	Job Title:	May we contact this employer? Yes No
	Name of Supervisor:	Please Initial Approval: _____
<b>3</b>	Company Name:	Telephone: ( )
	Address:	Employed From: / / To: / /
	Job Title:	May we contact this employer? Yes No
	Name of Supervisor:	Please Initial Approval: _____

**Previous Camp Experience:**

<input type="checkbox"/> Camper	<input type="checkbox"/> Counselor	Where: _____	Number of Years: _____
<b>How did you find out about VISIONS VCB?</b>			
Do you know someone who would be interested in working at VCB? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list their information below			
Name: _____	Telephone: _____	Email: _____	
Name: _____	Telephone: _____	Email: _____	
Name: _____	Telephone: _____	Email: _____	
Experience with individuals who have disabilities:			
Experience with blind children or blind adults:			

**Professional and Personal References: (Important, please read!)**

If we are unable to reach your previous employers listed above, we will need to contact those you have listed here. We reserve the right to contact references (unless "no" is checked above) for further information. Two of the enclosed (3) reference forms must be completed by professional contacts or former employers. One reference form must be completed by a personal contact (adult friend or family member).

Name	Address	City, State, Zip	Telephone	Relationship
			( )	
			( )	
			( )	

**CERTIFICATIONS AND EXPERIENCE: Include copies of any certifications and licenses which apply**

**Languages spoken:** (please list) \_\_\_\_\_

**American Sign Language:**  No  Yes Level of Expertise: \_\_\_\_\_

**Braille:**  No  Yes Level of Expertise: \_\_\_\_\_

**Swimming:**  Nonswimmer or Beginner  Moderate  Strong Swimmer  Teaching Experience

Water Safety Instructor  Red Cross Life Guard Certification

**Health Certifications:**  EMT  RN  LPN  CNA Expiration Date: \_\_\_\_\_  First Aid, Exp. Date: \_\_\_\_\_

Standard CPR, Exp. Date: \_\_\_\_\_  CPR for the Professional Rescuer, Exp. Date: \_\_\_\_\_

**VCB is a residential center. Are you willing to live on the facility grounds?**  Yes  No

If No, Please explain: (off-site residence may be considered for some positions): \_\_\_\_\_

**Remember this is a full time summer commitment. If you have any dates that you are aware of and require off for, please state them now (with reason). Dates & acceptance will be evaluated.** \_\_\_\_\_

**Why do you wish to work for VISIONS VCB?** \_\_\_\_\_

**What will VCB gain from hiring you? Describe your major strengths and explain what you hope will be your most important contribution to our camp family.** \_\_\_\_\_

**What do you expect to gain from working at VCB?** \_\_\_\_\_

**Please list the career goals you have set for yourself and explain how you plan to achieve them.** \_\_\_\_\_

**SKILLS (Please check all that apply)**

All Staff at VISIONS VCB are expected to participate, to some degree, in a variety of the daily activities listed below. VCB will provide the training and support necessary for staff to participate in typical camp activities. Please circle Skilled, Can Lead or Interested in learning/participating in stated activity.

<u>ARTS</u>			
Dance	Skilled	Can Lead	Interest
Drama	Skilled	Can Lead	Interest
Photography	Skilled	Can Lead	Interest
Vocals	Skilled	Can Lead	Interest
Other: _____	Skilled	Can Lead	Interest

<u>NATURE</u>			
Bird Identification	Skilled	Can Lead	Interest
Plant Identification	Skilled	Can Lead	Interest
Gardening	Skilled	Can Lead	Interest
Nature Walks	Skilled	Can Lead	Interest
Fishing	Skilled	Can Lead	Interest

<u>COMPUTERS</u>			
MAC Use	Skilled	Can Lead	Interest
IBM/PC Use	Skilled	Can Lead	Interest
Adapted Technology	Skilled	Can Lead	Interest
Jaws or Zoom Text	Skilled	Can Lead	Interest
Other: _____	Skilled	Can Lead	Interest

<u>MUSIC</u>			
Piano	Skilled	Can Lead	Interest
Lead Songs	Skilled	Can Lead	Interest
Instrument (specify): _____	Skilled	Can Lead	Interest

<b><u>SPORTS/FITNESS</u></b>				<b><u>CRAFTS</u></b>			
Weight Training	Skilled	Can Lead	Interest	Ceramics	Skilled	Can Lead	Interest
Fitness Equipment	Skilled	Can Lead	Interest	Other: _____	Skilled	Can Lead	Interest
Outdoor Sports _____	Skilled	Can Lead	Interest	Other: _____	Skilled	Can Lead	Interest
Indoor Sports _____	Skilled	Can Lead	Interest	Other: _____	Skilled	Can Lead	Interest
Other _____				Other: _____	Skilled	Can Lead	Interest
<b><u>WATER ACTIVITIES</u></b>				<b><u>DISCUSSIONS</u></b>			
Swim Instruction	Skilled	Can Lead	Interest	Current Events	Skilled	Can Lead	Interest
Water Aerobics	Skilled	Can Lead	Interest	Newspaper Reading	Skilled	Can Lead	Interest
Paddle Boating	Skilled	Can Lead	Interest	Other: _____	Skilled	Can Lead	Interest
Other: _____	Skilled	Can Lead	Interest	Languages Spoken: _____			
Programs for children (toddlers through age 14)				Skilled	Can Lead	Interest	
Programs for adults with disabilities				Skilled	Can Lead	Interest	
Programs for children with disabilities				Skilled	Can Lead	Interest	
Programs for blind children or adults				Skilled	Can Lead	Interest	
Serving meals in a dining room				Skilled	Can Lead	Interest	
Working in a commercial kitchen				Skilled	Can Lead	Interest	
<p><b>If you live and/or go to school within 2 hours of New York City, we will schedule an interview in our Manhattan based office or at VCB in Spring Valley, NY. Otherwise, we will interview by phone.</b></p> <p><b>Please tell us the most convenient time to call you: _____</b></p>							

Are you willing to drive a VCB vehicle?  No  Yes  Not Applicable (must be 25 years of age or older)

Please indicate if you have had any moving violations within the last three years. \_\_\_\_\_

Please list any suspension, revocation, DWI, convictions or any occurrence involving harm to human beings or property while driving a motor vehicle. \_\_\_\_\_

Have you ever been the defendant or under investigation in an incident of child abuse?  No  Yes (explain) \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony in any jurisdiction or is there any pending criminal charges against you?  No  Yes (explain) \_\_\_\_\_

A criminal conviction will not necessarily bar you from employment or volunteering. To help us evaluate your application, please describe the nature of the offense for which you were convicted or have pending criminal charges against you, the circumstances surrounding the conviction of the offense and your subsequent rehabilitation.

Other names by which you have been known (i.e. maiden names), if any: \_\_\_\_\_

**RELEASE OF INFORMATION: Please read carefully and sign below:**

I understand VISIONS has full use of photos and/or use of my name in publicity materials without any claim whatsoever on my part. I authorize VISIONS to investigate all statements made on this application (and any resume submitted). I understand VISIONS is required by law to complete a criminal history record check, which includes information, statements and finger prints. I authorize this background review through various licensing agencies (including, but not limited to the Department of Motor Vehicles, the NYS Department of Social Services, the State Police, the NYS Division of Criminal Justice Services and/or any other law enforcement/government agencies). I release VISIONS, its officers, directors, and staff from liability in connection with the same. I understand that if selected, I will be a staff member or an at-will volunteer (this relationship may be terminated at any time, with or without cause by the VCB Director or VISIONS) and that any agreement to the contrary must be in writing and signed by the Executive Director of the organization. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I also understand that untrue, misleading, or omitted information are grounds for immediate dismissal, regardless of the time of discovery by VISIONS. I understand that positions may require residence at the program site during program sessions, unless previous arrangements have been made with the VCB Director. I will submit to a routine professional drug screening program upon the request of VISIONS.

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

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

# EMPLOYMENT VERIFICATION/REFERENCE FORM

## VISIONS VCB

**To Whom It May Concern:**

I have authorized Visions personnel to contact you for employment/reference information. Please verify the information I have supplied in Section A, complete Section B and return by mail or fax. An expedient reply is requested as the applicant cannot be considered for employment until this form has been completed and returned to the camp office. Thank you.

**Section A** (to be completed by the Applicant)

Applicant's Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

**If Employment/Professional Verification:** (Supervisor, School Advisor, etc)

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Date Work Started: \_\_\_\_\_ Date Work Ended: \_\_\_\_\_ Type of Work Performed \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**If Personal Referent, But Not Former Employer:** (Personal Contact or Family Member)

Name of Referent: \_\_\_\_\_ In what capacity have you known the person completing reference? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

**I authorize the above named employer/referent to furnish VISIONS with the information requested on this form. I further agree to hold harmless both VISIONS and the above named employer for any information they either request or release regarding my previous job performance.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**Section B** (to be completed by employer/professional/personal referent)

Does information provided in Section A correspond with your records? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain: \_\_\_\_\_

Check appropriate box for each item below	Needs Improvement	Average	Above Average	Superior	Comments
Displays enthusiasm					
Displays maturity					
Is able to adjust to new situations					
Demonstrates initiative					
Displays concern for others					
Displays evenness of disposition					
Accepts constructive criticism					
Thinks and acts independently					
Exhibits a sense of humor					
Is flexible					
Ability to listen - has patience					
Ability to work in a team					
Is punctual and dependable					
Uses common sense					
Demonstrates leadership qualities					

Would you feel comfortable with this person caring for your child or family member with a disability? \_\_\_\_\_

Recommendation: (please circle)                      **HIRE**                      **QUESTIONABLE**                      **CANNOT RECOMMEND**

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Best time to be reached: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EMPLOYMENT VERIFICATION/REFERENCE FORM

## VISIONS VCB

**To Whom It May Concern:**

I have authorized Visions personnel to contact you for employment/reference information. Please verify the information I have supplied in Section A, complete Section B and return by mail or fax. An expedient reply is requested as the applicant cannot be considered for employment until this form has been completed and returned to the camp office. Thank you.

**Section A** (to be completed by the Applicant)

Applicant's Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

**If Employment/Professional Verification:** (Supervisor, School Advisor, etc)

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Date Work Started: \_\_\_\_\_ Date Work Ended: \_\_\_\_\_ Type of Work Performed \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**If Personal Referent, But Not Former Employer:** (Personal Contact or Family Member)

Name of Referent: \_\_\_\_\_ In what capacity have you known the person completing reference? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

**I authorize the above named employer/referent to furnish VISIONS with the information requested on this form. I further agree to hold harmless both VISIONS and the above named employer for any information they either request or release regarding my previous job performance.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**Section B** (to be completed by employer/professional/personal referent)

Does information provided in Section A correspond with your records? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain: \_\_\_\_\_

Check appropriate box for each item below	Needs Improvement	Average	Above Average	Superior	Comments
Displays enthusiasm					
Displays maturity					
Is able to adjust to new situations					
Demonstrates initiative					
Displays concern for others					
Displays evenness of disposition					
Accepts constructive criticism					
Thinks and acts independently					
Exhibits a sense of humor					
Is flexible					
Ability to listen - has patience					
Ability to work in a team					
Is punctual and dependable					
Uses common sense					
Demonstrates leadership qualities					

Would you feel comfortable with this person caring for your child or family member with a disability? \_\_\_\_\_

Recommendation: (please circle)                      **HIRE**                      **QUESTIONABLE**                      **CANNOT RECOMMEND**

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Best time to be reached: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# EMPLOYMENT VERIFICATION/REFERENCE FORM

## VISIONS VCB

**To Whom It May Concern:**

I have authorized Visions personnel to contact you for employment/reference information. Please verify the information I have supplied in Section A, complete Section B and return by mail or fax. An expedient reply is requested as the applicant cannot be considered for employment until this form has been completed and returned to the camp office. Thank you.

**Section A** (to be completed by the Applicant)

Applicant's Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

**If Employment/Professional Verification:** (Supervisor, School Advisor, etc)

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Salary: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Date Work Started: \_\_\_\_\_ Date Work Ended: \_\_\_\_\_ Type of Work Performed \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**If Personal Referent, But Not Former Employer:** (Personal Contact or Family Member)

Name of Referent: \_\_\_\_\_ In what capacity have you known the person completing reference? \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

**I authorize the above named employer/referent to furnish VISIONS with the information requested on this form. I further agree to hold harmless both VISIONS and the above named employer for any information they either request or release regarding my previous job performance.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**Section B** (to be completed by employer/professional/personal referent)

Does information provided in Section A correspond with your records? \_\_\_\_ Yes \_\_\_\_ No

If no, please explain: \_\_\_\_\_

Check appropriate box for each item below	Needs Improvement	Average	Above Average	Superior	Comments
Displays enthusiasm					
Displays maturity					
Is able to adjust to new situations					
Demonstrates initiative					
Displays concern for others					
Displays evenness of disposition					
Accepts constructive criticism					
Thinks and acts independently					
Exhibits a sense of humor					
Is flexible					
Ability to listen - has patience					
Ability to work in a team					
Is punctual and dependable					
Uses common sense					
Demonstrates leadership qualities					

Would you feel comfortable with this person caring for your child or family member with a disability? \_\_\_\_\_

Recommendation: (please circle)                      **HIRE**                      **QUESTIONABLE**                      **CANNOT RECOMMEND**

Your Name: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Best time to be reached: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_