

Village of Montgomery Summer Camp Employee Application Check List

_____ Completed Orange County Employee application available at Village Hall (senior staff & counselor's only).

Note: this must be completed yearly.

C.I.T. applications available online.

_____ *Completed Staff Medical Emergency Form.

_____ *Photocopy of updated immunization records.

_____ *3 Personal Reference forms.

_____ *Completed Code of Conduct.

_____ *Photocopy of Driver's License or copy of birth certificate & a photo ID.

_____ *Copies of all degree's, license's & certification's. (CPR/AED & First Aid must be listed on OC Health Dept. preferred list).

_____ *All new applicants must schedule an interview.

(*) For new applicants only. It is the responsibility of returning staff to keep your information up to date, any changes in personnel info notify camp immediately.

ORANGE COUNTY APPLICATION FOR EXAMINATION/EMPLOYMENT

MAIL TO:

DEPARTMENT OF HUMAN RESOURCES
ORANGE COUNTY GOVERNMENT CENTER
255-275 MAIN STREET, GOSHEN, NY 10924-1627
TELEPHONE: (845) 291-2707
WWW.ORANGECOUNTYGOV.COM

Carefully read the appropriate examination announcement before completing this application. This application is part of your examination and must be filled out completely and accurately. Answer all questions fully and carefully. Print legibly in ink or typewrite. Attach additional sheets if necessary in order to give complete and detailed information.

1. If you are filing for more than one examination on this application be sure that they are all **SCHEDULED TO BE HELD ON THE SAME DATE** (check the announcement for each examination). If you wish to file for examinations being held on different dates, submit a separate application for each date.

Exam #s (if applicable)	Exam Date (if applicable)	Exam Name OR Title of Position	Human Resources Use Only
			#1 A C D
			#2 A C D
			#3 A C D
			#4 A C D
			#5 A C D

2. SOCIAL SECURITY NUMBER

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3. FULL NAME/LEGAL RESIDENCE*

Last name _____ First Name _____ Initial _____
 Street Address _____
 City _____ State _____ Zip Code _____
 Mailing Address (if different from legal residence) _____
 Phone # _____
NOTIFY THIS DEPARTMENT IMMEDIATELY OF ADDRESS CHANGES

4. RESIDENCY: State your permanent legal residence and indicate how long you have resided there continuously, up to and including the date of this application. **THIS SECTION WILL DETERMINE YOUR ELIGIBILITY (IF ANY) FOR CERTIFICATION ON A RESIDENT LIST.**

YRS MOS

VILLAGE OF _____		
TOWN OF _____		
COUNTY OF _____		
STATE OF _____		
SCHOOL DISTRICT _____		

5. SPECIAL ARRANGEMENTS: Check box below if you need special accommodations to participate in the exam:

Religious Observer – for religious reasons cannot be tested on date of examination.

Other _____ (requires supporting documentation)

Individuals with disabilities – under remarks on (page 4) indicate the type of assistance required.

Are you taking exams with NYS or any other County or City that are being held on the same date as the exam(s) you are applying for with Orange County? Yes* No
 *If yes, please attach a Cross-Examiner Form which can be found on our website.

6. VETERANS CREDITS: If you are serving, or have served, in the armed forces of the United States on a full-time active duty basis during wartime, you may be eligible to receive credits as a Disabled or Non-Disabled Veteran.

YES*, I WISH TO CLAIM CREDITS AS A NON-DISABLED VETERAN, PLEASE SEND APPLICATION

YES*, I WISH TO CLAIM CREDITS AS A DISABLED VETERAN, PLEASE SEND APPLICATION & AUTHORIZATION FOR DISABILITY RECORD

NO, I DO NOT WISH TO CLAIM VETERANS CREDITS

*Please complete and attach Application for Veterans' Credits which can be found on our website.

7. E-MAIL ADDRESS:

8. CHECK APPROPRIATE BOX TO RIGHT OF EACH QUESTION

YES NO

- A. Were you ever dismissed or discharged from any employment for reasons other than lack of work or funds? YES NO
- B. Did you ever resign from any employment rather than face dismissal? YES NO
- C. Did you receive a **dishonorable** discharge from the armed forces of the United States? YES NO
- D. Have you ever been convicted of any crime (felony or misdemeanor)? **If so, please submit a Certificate of Conviction with your application.** YES NO
- E. Are you now under charges for any crime (felony or misdemeanor)? YES NO
- F. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? YES NO

Convictions will not necessarily disqualify you from taking an exam but may bar you from appointment.

If you answered "YES" to any of the questions above, please provide specifics under "REMARKS". If you elect not to provide specifics or if such explanation is insufficient, a confidential inquiry will be sent to you.

9. A. If minimum and/or maximum age limits are established for the position please enter your date of birth: Month _____ Day _____ Year _____

B. If citizenship is a requirement for the position for which you are applying, please answer the following:
Are you a citizen of the United States? YES NO

C. If not a citizen, do you have the legal right to accept employment in the United States? YES NO
Please provide Alien Registration Number: _____

D. Are you a retiree from New York State or any civil division thereof? YES NO

E. Are you an Exempt Firefighter? YES NO

10. Do you possess a valid license to operate a motor vehicle in New York State? YES NO CLASS: _____
By your signature on page 4 of this application you are attesting this statement is true. STATE _____ EXPIRATION DATE _____

11. **LICENSES:** If a license, certificate or other authorization to practice a trade or profession is a requirement of the position for which you are applying, complete the following question: (attach copy)

Trade/Profession _____ City/State _____
License/Certificate # _____ Expiration Date _____
Licensing Agency _____ IF NOT currently licensed check this box

12. **EDUCATION:** Do you have a high school or equivalency diploma? YES NO

COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNICAL SCHOOL INFORMATION

Name & Location of School	Attendance Dates (Mo/Yr)		Course or Major Subject	#Credits Rec'd	Degree Rec'd	Date of Degree
	From	To				
Other Schools or Special Courses						

HAVE YOU PREVIOUSLY SUBMITTED PROOF OF EDUCATIONAL ACHIEVEMENTS? YES NO

13. Do you object to this department making inquiry regarding your character and qualifications from your present employer?

YES NO If answer is "YES" please explain under REMARKS.

14. **DESCRIPTION OF EXPERIENCE:** Beginning with your most recent experience, describe in detail all employment that is **pertinent** to the required minimum qualifications indicated on the exam announcement for the title for which you are applying. Omissions or vagueness will **NOT** be interpreted in your favor. If relevant volunteer experience is acceptable as qualifying, describe it in the same way as paid work. If you have had military service which included experience pertinent to the position, describe such experience as a separate employment. Under "Duties" for each employment describe the nature of the work which you personally perform and the percentage of time spent in each function. If you supervised a work group, state its size and nature and the extent of such supervision. If your title or duties changed materially in the course of your service in any one organization, indicate such change clearly and as a separate employment.

Length of Employment MO/YR MO/YR From / to /	Firm Name	Address
# of hours worked per week (exclude overtime)	Duties (include % of time in each function)	
Type of Business		
Your Title		
Supervisor's Name & Title		
Reason for Leaving		
<input type="checkbox"/> Paid or <input type="checkbox"/> Unpaid Check one		
Length of Employment MO/YR MO/YR From / to /	Firm Name	Address
# of hours worked per week (exclude overtime)	Duties (include % of time in each function)	
Type of Business		
Your Title		
Supervisor's Name & Title		
Reason for Leaving		
<input type="checkbox"/> Paid or <input type="checkbox"/> Unpaid Check one		
Length of Employment MO/YR MO/YR From / to /	Firm Name	Address
# of hours worked per week (exclude overtime)	Duties (include % of time in each function)	
Type of Business		
Your Title		
Supervisor's Name & Title		
Reason for Leaving		
<input type="checkbox"/> Paid or <input type="checkbox"/> Unpaid Check one		

REMARKS:

ALL STATEMENTS ARE SUBJECT TO VERIFICATION. MISREPRESENTATIONS MAY CONSTITUTE CAUSE FOR DISQUALIFICATION OR DISCHARGE. IT IS A CRIME PURSUANT TO SECTION 210.45 OF THE NEW YORK STATE PENAL LAW, PUNISHABLE AS A CLASS "A" MISDEMEANOR, TO KNOWINGLY MAKE A FALSE STATEMENT HEREIN.

Background Investigation: Applicants may be required to undergo extensive investigation of criminal history and background, which will include a fingerprint check, to determine suitability for appointment. Costs related to such investigation may be borne by the applicant. Failure to meet the standards of investigation may result in disqualification.

For County employment: You may be required to submit to a pre-employment drug test. Your appointment may be conditioned on such test result.

THIS AFFIRMATION AND AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION MUST BE COMPLETED:

By my signature below, I hereby authorize the Orange County Department of Human Resources, the County of Orange, and/or its respective Departments, Offices or Agencies to request verbal records or written verification of any or all information contained herein. I further authorize a review and full disclosure of all records concerning me whether said records are of a public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of records.

I further release the Orange County Department of Human Resources, the County of Orange, and/or its respective Departments, Offices or Agencies, and their respective officers and/or employees from any and all liability which may be incurred as a result of collecting such information. Further, my signature below certifies I have read and fully understand the "Affirmation and Authorization for Release of Personal Information" and have acknowledged that a photocopy of this Application for Examination/Employment containing this release will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature. I affirm that all statements made on this application (including any attached paper) are true under the penalties of perjury.

SIGNATURE OF APPLICANT

DATE

PLEASE PRINT ANY OTHER NAME BY WHICH
YOU ARE OR HAVE BEEN KNOWN

CHECK TO MAKE SURE THAT ALL APPLICABLE QUESTIONS HAVE BEEN ANSWERED. AN INCOMPLETE APPLICATION MAY RESULT IN DISAPPROVAL. A RESUME MAY NOT BE SUBMITTED IN LIEU OF COMPLETING THE APPLICATION.

The New York State Human Rights Law prohibits discrimination in employment because of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, or marital status. Accordingly, nothing in this application form should be viewed as expressing, directly or indirectly, any limitation, specification, or discrimination as to age, race, creed, color, national origin, sexual orientation, military status, sex, disability, genetic predisposition or carrier status, or marital status in connection with employment in the municipal service of the County of Orange.

ORANGE COUNTY GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

12/01/2020

Village of Montgomery Summer Camp

Staff Emergency Medical Form

Last Name: _____ First Name: _____ DOB: _____

Street address: _____ Town: _____ State: _____ Zip: _____

Please complete the information below to assist us in knowing current information about you. (This confidential information will be shared with camp personnel and/or appropriate health professionals when deemed necessary;

Known Allergies: _____

Current Medications: _____

Emergency Contact Information

In the event of an emergency, the camp will call parents/guardian first, then follow the sequence below.

Contact:

First Name: _____ Last Name: _____

Relation: _____ HPhone: _____ CPhone: _____

Physician Information

Family Physician: _____ Physician's Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

If the camp staff is unable to reach the above Emergency Contact, I do hereby authorize the Summer Camp to call the family physician listed. In the event the physician cannot be reached, I do hereby authorize the Summer Camp to transport me to a hospital emergency room if in the judgment of the camp such emergency treatment seems warranted. The authorization also includes authority to release pertinent medical records needed.

Signature: _____ Date: _____

(If under 18 year's old parent or guardian signature is required)

Village of Montgomery Summer Camp Program
Medical Staff & Supervisor Personal Reference Form

Please return to the
Village of Montgomery
Attn: Summer Camp Program
133 Clinton Street
Montgomery, New York 12549

(3 separate forms required)

Name and phone number of reference: _____

Name of candidate: _____

For how long and in what capacity have you know the applicant? _____

Do you find the applicant to be reliable and dependable, why? _____

What are some strengths and weaknesses the applicant possesses? _____

Any additional comments. _____

Signature/date of reference _____

**Village of Montgomery
133 Clinton Street
Montgomery, NY 12549
Summer Day Camp**

Code of Conduct for Staff, Counselor's, and CIT's

It is agreed that by signing this Code of Conduct, you intend to follow its guidelines and content. Behaviors that violate this Code of Conduct can result in immediate dismissal.

While Employed or Volunteer;

I agree to act in a professional manner toward all individuals. I understand that I am representing the Village of Montgomery Summer Camp Program in my capacity as an employee/volunteer. Professional behavior includes the use of foul language or gestures, rude or discriminatory remarks against any gender, religion, or disability.

I agree that I will not post any pictures related to campers during camp on any social media.

I agree to limit my use of phone (cellular), except in the case of a family emergency.

I agree to focus my attention on the camper and not on outside personnel such as boyfriend/girlfriend, social friend, who are prohibited from interrupting my work schedule and duties.

I understand that I am responsible for the welfare of each camper in my group and therefore would not ever leave any camper unattended.

I agree not to smoke while working, or on campgrounds, use of drugs or alcohol while working is prohibited.

All staff members/including volunteers are required to wear sneakers while at camp, the only exception to this rule will be during water day activities. If you are not wearing sneakers, you may be excluded from participating in an activity. We will follow the following guidelines;

If a staff member/volunteer forgets sneakers the **first** time: They are allowed to go home and get them with no consequence.

If a staff member/volunteer forgets sneakers a **second** time; they will lose a minimum of one hour of pay or more depending on the time it takes them to get their sneakers.

If a staff member/volunteer forgets sneakers a **third** time: They will be asked to go home and not return for the day.

I _____ have read and agree to the content of this agreement.

(Print Name First and Last)

(Signature)

(Date)

(Parents Signature if under 18 years old)

(Date)