



CSD

NLLC

National Leadership & Literacy Camp
Employment Application

CSD
102 North Krohn Place
Sioux Falls SD 57103

www.c-s-d.org

FAX completed application to: 605-782-8454

Fill out as completely and accurately as possible. Please type or print in ink.

Position Applied For _____

Date of Application

Name _____
Last First Middle
Address _____
Street/Box

City State Zip
Telephone () _____ () _____
Home Business/Other

Social Security #

If a job offer is made, will you be able to present evidence that you are a U.S. citizen or national, permanent resident alien or an alien authorized to work by I.N.S. in the U.S.? _____ YES _____ NO

Are you at least 18 years of age or older? _____ YES _____ NO

Have you ever been convicted of a felony? _____ YES _____ NO
If Yes, please give details: _____
(This information will not necessarily disqualify you from consideration for employment.)

Do you currently have any relatives employed at CSD? _____ YES _____ NO
Name _____ From _____ To _____ Position _____

Have you ever been employed by CSD? _____ YES _____ NO
Department _____ From _____ To _____ Position _____

Reason for Leaving _____

If No above, have you ever applied for a position with CSD? _____ YES _____ NO
Department _____ Position _____ Approximate Date _____

How did you learn about this position? (Check as many that apply.)
___ Newspaper Help Wanted Ad (please list) _____ State Employment Service ___ Radio ___ TV
___ College or Business/Trade/Technical School (please list) _____ Outdoor Sign ___ Walk-in/Call
___ Name of CSD Employee Who Referred You To Us _____
___ Other Source (please list) _____

NUMBER OF HOURS AVAILABLE (check applicable items): ___ Full-time ___ Part-time ___ Either FT or PT
___ Seasonal only ___ Days only ___ Evenings only ___ Days or Evenings ___ Weekends ___ Weekdays only
Please list the total number of hours per week you are available _____
What date are you available to begin work? _____
What date do you expect to end your Camp experience? _____

A DRUG-FREE WORKPLACE & EQUAL OPPORTUNITY EMPLOYER

EDUCATION				
SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
High School	Name _____ City/State _____ Phone _____ (if known)			
Business/ Trade/ Technical	Name _____ City/State _____ Phone _____ (if known)			
College	Name _____ City/State _____ Phone _____ (if known)			
Graduate	Name _____ City/State _____ Phone _____ (if known)			

ADDITIONAL TRAINING (Seminars, Professional Memberships, Workshops, Apprenticeships)

SKILLS & CERTIFICATIONS

- | | | | |
|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> CPR | <input type="checkbox"/> WSI | <input type="checkbox"/> FIRST AID | <input type="checkbox"/> LIFE GUARD |
| <input type="checkbox"/> REGISTERED NURSE | <input type="checkbox"/> LPN | <input type="checkbox"/> CHEF | <input type="checkbox"/> ASL |
| <input type="checkbox"/> MEDICAL DOCTOR | <input type="checkbox"/> ASSISTANT COOK | <input type="checkbox"/> CAMP MANAGER | <input type="checkbox"/> DRIVER (CDL) |
| <input type="checkbox"/> TUTOR | <input type="checkbox"/> HOUSEKEEPER | <input type="checkbox"/> JANITOR | |

CAMP EXPERIENCE

Experience: I have camp experience as a:

Day Camp child/camper Day Camp employee
 Sleep away Camp child/camper Sleep away Camp employee

Camp Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

_____ Phone (_____) _____

Supervisor _____ Salary - Starting _____ Ending _____

Job Duties _____

Reason for Leaving _____

May we contact this employer? YES or NO If No, please state reason

SKILL LEVEL

Use the following as a guide for selecting a skill level:

Hobby: An activity/area which you enjoy

Skilled: An activity/area for which you have some ability, some experience, and could assist

Expert: An activity/area in which you are highly skilled, have much experience, have certifications, and could instruct or lead

Group or Team Sports

Baseball/Softball	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Basketball	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Football	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Ice Hockey	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Volleyball	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Soccer	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Other _____	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert

Individual Sports

Aerobics	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Archery	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Biking	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Fencing	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Figure Skating	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Fishing	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Fitness/Weight Training	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Golf	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Gymnastics	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Inline Skating	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Martial Arts	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Horseback Riding	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Riflery	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Tennis	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Track and Field	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Wrestling	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert
Other _____	<input type="checkbox"/>	Hobby	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Expert

SKILL LEVEL

Use the following as a guide for selecting a skill level:

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Water Sports

Boating	___	Hobby	___	Skilled	___	Expert
Jet Skiing (PWC)	___	Hobby	___	Skilled	___	Expert
Sailing	___	Hobby	___	Skilled	___	Expert
Scuba	___	Hobby	___	Skilled	___	Expert
Snorkeling	___	Hobby	___	Skilled	___	Expert
Swimming/Diving	___	Hobby	___	Skilled	___	Expert
Waterskiing	___	Hobby	___	Skilled	___	Expert
Other _____	___	Hobby	___	Skilled	___	Expert

Performing Arts

Broadcasting	___	Hobby	___	Skilled	___	Expert
Circus Arts	___	Hobby	___	Skilled	___	Expert
Dance	___	Hobby	___	Skilled	___	Expert
Vocal Music	___	Hobby	___	Skilled	___	Expert
Instrumental Music	___	Hobby	___	Skilled	___	Expert
Drama/Musical Theater	___	Hobby	___	Skilled	___	Expert
Magic	___	Hobby	___	Skilled	___	Expert
Other _____	___	Hobby	___	Skilled	___	Expert

Creative Arts

Arts and Crafts	___	Hobby	___	Skilled	___	Expert
Ceramics	___	Hobby	___	Skilled	___	Expert
Pottery	___	Hobby	___	Skilled	___	Expert
Cooking	___	Hobby	___	Skilled	___	Expert
Drawing/Painting	___	Hobby	___	Skilled	___	Expert
Film/Video	___	Hobby	___	Skilled	___	Expert
Photography	___	Hobby	___	Skilled	___	Expert
Woodworking	___	Hobby	___	Skilled	___	Expert
Creative Writing	___	Hobby	___	Skilled	___	Expert
Other _____	___	Hobby	___	Skilled	___	Expert

Wilderness Adventure

Backpacking	___	Hobby	___	Skilled	___	Expert
Camping	___	Hobby	___	Skilled	___	Expert
Canoeing	___	Hobby	___	Skilled	___	Expert
Hiking	___	Hobby	___	Skilled	___	Expert
Kayaking	___	Hobby	___	Skilled	___	Expert
Rafting	___	Hobby	___	Skilled	___	Expert
Rock Climbing	___	Hobby	___	Skilled	___	Expert
Ropes	___	Hobby	___	Skilled	___	Expert
Survival Skills	___	Hobby	___	Skilled	___	Expert
Other _____	___	Hobby	___	Skilled	___	Expert

Science

Archaeology	___	Hobby	___	Skilled	___	Expert
Astronomy	___	Hobby	___	Skilled	___	Expert
Computer Web Design/Graphics	___	Hobby	___	Skilled	___	Expert
Farming/Horticulture	___	Hobby	___	Skilled	___	Expert
General Science	___	Hobby	___	Skilled	___	Expert
Marine Biology	___	Hobby	___	Skilled	___	Expert
Nature/Ecology	___	Hobby	___	Skilled	___	Expert
Rocketry	___	Hobby	___	Skilled	___	Expert
Other _____	___	Hobby	___	Skilled	___	Expert

EMPLOYMENT

Please give accurate, complete employment record. Include full-time, part-time, self-employment, volunteer, seasonal and temporary positions. Start with your present or most recent employer. Please complete even if you are attaching a resume.

Employer _____ Position Title _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

_____ Phone (_____) _____

Supervisor _____ Salary - Starting _____ Ending _____

Job Duties _____

Reason for Leaving _____

May we contact this employer? YES or NO If No, please state reason

Employer _____ Position Title _____

Address _____ From (Mo/Yr) _____ To (Mo/Yr) _____

_____ Phone (_____) _____

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Reason for Leaving _____

May we contact this employer? YES or NO If No, please state reason

Please read these sections carefully and sign.

PRE-EMPLOYMENT AGREEMENT

I declare that the statements in this application are true and falsification of any fact will be the basis for refusal to hire or, if hired, of immediate termination. I agree that my employment is subject to the results of reference checks and/or employment verifications.

I understand and agree that nothing contained in this application form or the Company's policy handbook, or in other rules, regulations, or policies, nor any practice, should be interpreted as creating a contract. (Copies of the handbook and other information may be received after employment begins.) I further understand that if I am employed, for any reason, both the Company and I have the right to discontinue the employment relationship at any time and without prior notice.

Signature *(to be signed in ink)*

Date

AUTHORIZATION FOR REFERENCE REQUESTS

I have applied with Communication Service for the Deaf (CSD) for employment and I desire that they be fully advised of my record with former employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

Print Name

Signature *(to be signed in ink)*

Date

REFERENCES

List name, address, and telephone number for three references.
Do not list relatives.

1. _____

2. _____

3. _____

VOLUNTARY INFORMATION

THIS INFORMATION IS KEPT SEPARATE FROM YOUR APPLICATION AND IS NOT CONSIDERED DURING OUR SCREENING PROCESS. IT IS USED FOR EQUAL OPPORTUNITY REPORTING.

INSTRUCTIONS

The policy and intent of CSD/Camp Lakodia is to provide equal employment opportunity for all persons regardless of race, color, creed, religion, national origin, marital status, disability, sex, age, or status with regard to public assistance.

This information will be used to determine the effectiveness of our recruiting efforts in reaching all segments of the population and in validation of our selection methods.

Although providing this information is voluntary, it is important that all applicants answer these questions so that we may take steps to prevent discrimination in the selection of employees for CSD.

NAME _____ DATE _____

POSITION APPLIED FOR _____

Which gender are you? _____ MALE _____ FEMALE

Of the following, which racial/ethnic group do you consider yourself?

- _____ Hispanic or Latino
- _____ White (not Hispanic or Latino)
- _____ Black or African American (not Hispanic or Latino)
- _____ Asian (not Hispanic or Latino)
- _____ American Indian or Alaskan Native (not Hispanic or Latino)
- _____ Two or More (not Hispanic or Latino)

Do you consider yourself to be disabled? _____ YES _____ NO

Disabled means any person who has a physical or mental impairment that materially limits one or more major life activities (performing manual tasks, learning, walking, seeing, hearing, speaking, etc.), has a record of such impairment, or is regarded as having such an impairment.

How did you learn about this job? (Check as many that apply.)

- _____ Newspaper Help Wanted Ad (*please list*) _____
- _____ State Employment Service
- _____ Radio
- _____ TV
- _____ College or Business/Trade/Technical School (*please list*) _____
- _____ Outdoor Sign
- _____ Walk-in/Call
- _____ Name of CSD Employee Who Referred You To Us _____
- _____ Other Source (*please list*) _____

If you are contacted for an interview, will you need any accessible services? _____ YES _____ NO

If Yes, please specify _____

Thank you for your assistance.