

**Pathfinder Country Day Camp @ Montauk Inc.**  
**Staff Application: Information and Requirements Summer 2019**

**Camp 2018 Dates:** July 1 ~ August 23    **Hours:** 8:45 ~ 3:30    Monday ~ Friday \*Camp will be closed Thursday July 4th  
**Mandatory Staff Meeting:** Saturday June 15th @ 9:am

**Application Requirements:**

1. Staff application (3 pages) & Medical Form ( 2 pages) Completed by a Physician. Include immunization record.
2. Staff Voluntary Disclosure Form (4 pages signed) Include photo of drivers license / Picture ID / Student ID

**Lifeguard:** Copy of Lifeguard / WSI Certifications (Front and Back) Attached to application ( American Red Cross Certifications Only) First Aid/ AED/ CPR yearly renewal required CPR Re Certification available at Pathfinder June 15, 2019

**Counselor/Staff Job Description:**

Each group is assigned a Head Counselor, Assistant Counselor, Junior Counselor for the 8 week summer season.

Campers are separated by age and gender. Each group is given a daily schedule of activities to follow.

The counselors provide a fun and safe environment, teaching the children basic skills in sports and team playing. Counselors swim with their groups twice a day and assist the lifeguards in the pool area. Applicants must have experience working with children.

**Lifeguards & Water Safety Instructors Job Description:**

All lifeguards must be American Red Cross Certified (Foreign & American Applicants)

The Lifeguards/WSI teach American Red Cross Swimming every morning to all age groups.

The children have a free swim in the afternoon. The lifeguards rotate from the pool to the Boating Beach during the camp day.

**Pathfinder Age Requirements:**

- Head Counselors: 18/19 years old
- Assistant Head Counselors: 17 years old
- Junior Counselors: 16 years old. ( Working Papers Required 16 y/o)
- Lifeguards: Must be 17 years old with experience

**Transportation:** Pathfinder can provide a "bus stop" for staff.

**Housing:** Pathfinder **does not** provide housing for staff.

**Check List/Complete Application Packet: The following forms must be completed to apply for a position at Pathfinder**

- ( ) 1. Staff Application & Medical Form

Medical must include record of immunizations/updated well check within 12 months

- ( ) 2. Voluntary Disclosure Form Include photo of drivers license / Picture ID / Photo

Under 18 years of age Voluntary Disclosure **must** be sign by a Parent or Guardian.

**Email Applications:** nbsummercamp@msn.com

**Mail applications:**

P.O. Box 807 Montauk,  
New York 11954

**Questions?** Please email Nancy with any questions. nancy@pathfinderdaycamp.com

## Staff Application: Pathfinder Country Day Camp Summer 2019

☐ New staff : Work With ☐ Ages 3-4 ☐ Ages 6-7 ☐ Ages 8-9 ☐ Ages 10-13

☐ Returning Staff : Work With ☐ Ages 3-4 ☐ Ages 6-7 ☐ Ages 8-9 ☐ Ages 10-13

### A. Summer Position:

☐ Counselor ☐ Assistant Counselor ☐ Junior Counselor ☐ Office Assistant ☐ Lifeguard ☐

Lifeguard/WSI ☐ Nurse ☐ Boating Instructor ☐ Tennis Instructor ☐ Arts & Crafts Teacher

☐ Arts & Crafts Assistant ☐ Maintenance

### Office Use Only:

☐ Med Form/Physical

☐ Immun Records

☐ Background Check

☐ ARC Certification

☐ CPR Certification

☐ Other \_\_\_\_\_

☐ Interview Date: \_\_\_\_\_

☐ Working Papers

### B. Information: Completed by Applicant, not Parents of Applicant.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male or Female

Age: \_\_\_\_\_ (June 2019) DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ( mandatory for salary)

Level Education Fall 2019: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Winter # \_\_\_\_\_ Summer # \_\_\_\_\_ Cell # \_\_\_\_\_

### Winter Address: Needed for sending 2019 Tax Information 1099's / W2's / Rehiring: 2020

House #: \_\_\_\_\_ Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_ P.O. Box # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Who referred you to Pathfinder? \_\_\_\_\_

### C. Summer Housing:

**Pathfinder does not provide housing. Summer housing is mandatory for employment at Pathfinder.**

**Renting:** Landlord Name: \_\_\_\_\_ Landlord Email/Phone #: \_\_\_\_\_

☐ Living with Parents/Family ☐ Friends ☐ Friend Employed at Pathfinder Day Camp: Who? \_\_\_\_\_

Address # \_\_\_\_\_ Street: \_\_\_\_\_ Town: \_\_\_\_\_ Cross Street: \_\_\_\_\_

**Local Home:** ☐ Parents Home ☐ Other: Name: \_\_\_\_\_ Relationship: ☐ Friend ☐ Family

Address # \_\_\_\_\_ Street: \_\_\_\_\_ Town: \_\_\_\_\_ Cross Street: \_\_\_\_\_

### D. Transportation:

Pathfinder will provide bus stop service near staff residency.

Will you be needing bus transportation to camp? ☐ Yes ☐ No

### E. Availability: Camp Session July 1, 2019 - August 23, 2019

☐ I understand camp will operate for **8 weeks**.

☐ I am available for the full **8 weeks**.

☐ I am *not* available for the full **8 weeks**. Reason \_\_\_\_\_

Dates not available for employment: \_\_\_\_\_

### F. Staff Orientation: Mandatory for Employment : June 15, 2019 9am

1. I am available for **Orientation**: ☐ Yes ☐ No

2. Reason not available: \_\_\_\_\_

### G. Pathfinder Staff: Nancy & Gary Burns, Directors will NOT communicate with Parents/Family of staff.

**There are no exceptions to this rule. Agree ☐**

**H. Interviews are mandatory.** An appointment for an interview will be scheduled after application has been reviewed by the camp director. Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Allergies ☐ Yes to \_\_\_\_\_

☐ No

**M. Skills & Certifications:** Check Skills & Interests: Include a copy of all updated certifications in specialty areas.

Any Additional Skills? \_\_\_\_\_

| Skill/ Interest                  | Certification | Teach | Assist | Skill/ Interest   | Certification | Teach | Assist |
|----------------------------------|---------------|-------|--------|---|---------------|-------|--------|
| Bookkeeping/accounting           |               |       |        | CPR/First Aid/AED/ Nursing                                |               |       |        |
| Computer/tech, software          |               |       |        | Lifeguard, Lifeguard/ WSI                                 |               |       |        |
| Academics                        |               |       |        | Sailing / Kayaking /<br>Stand up Paddleboard / Instructor |               |       |        |
| Community Service                |               |       |        | Field Hockey, Informal Games                              |               |       |        |
| Foreign Language                 |               |       |        | Soccer, Track and field, Volleyball                       |               |       |        |
| Leadership, Team Building        |               |       |        | Tennis Teacher / Archery Teacher                          |               |       |        |
| Food Handlers Permit             |               |       |        | Baseball/Softball/Basketball                              |               |       |        |
| Sanitation                       |               |       |        | Theater/ Singing, Hip Hop/Jazz                            |               |       |        |
| Forestry/Flowers/Nature, Animals |               |       |        | Ceramics, Painting, Drawing,<br>Woodworking, Carpentry    |               |       |        |
| Aerobics/Aqua Zumba              |               |       |        | Leather Craft, Photography                                |               |       |        |

**N.** Write a brief biographical sketch, including specialized training in camping, experience or training in other fields which might have a bearing on the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What contributions do you think you can make at camp? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What lifelong contributions do you think a professional camp can make to a child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**O. Criminal Record:** Ever convicted of a crime, other than a minor traffic offense. ( )YES ( )NO Note: a prior conviction is not an automatic bar to employment. Type of conviction/when it occurred will be evaluated before any decision is made. Describe if yes.

\_\_\_\_\_

\_\_\_\_\_

**P. Harassment:** The camp policy prohibits all forms of harassment by employees, including sexual, racial, religious, etc. Ever been accused of harassment by any person? ( )YES ( )NO Note: a prior conviction is not an automatic bar to employment. Type of conviction/when it occurred will be evaluated before any decision is made. Describe if yes: \_\_\_\_\_

\_\_\_\_\_

**Agreement:** I understand the staff agreement, including my obligations, staff orientation, importance of completing necessary forms, authorize investigation of all statements herein, including checks of criminal records and authorizing a background check for employment. I understand that, if employed, I will be an at-will employee unless there is an agreement or law which alters that status. I understand that any agreement must be in writing and signed by the designated camp official. I also understand that any untrue, misleading or omitted information herein or other documents completed by the applicant (my self) may result in dismissal, regardless of time of discovery by camp. My goal at Pathfinder is to serve the camp and interests of the children to the best of my ability. I agree I may be dismissed from my duties at anytime if the Directors feel I am not working to the best of my ability. I agree to the above terms, understanding all conditions, upon signing this agreement.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature ( applicant under 18 years): \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_

**I. Salary:** There are approximately 36 hours in the camp work week. Many staff will receive gratuities from parents at the close of camp.

Returning Staff Salary : \$ \_\_\_\_\_/week      **New Staff Salary Preferred** \$ \_\_\_\_\_/week

A. Staff receive paychecks weekly. Social Security Tax is withheld from all paychecks. ( ) \_\_\_\_\_ initial

B. Foreign Students & Salary: Social Security **is not** withheld from foreign students paychecks.

**J. Present and Past History:**

Is there any employer you do not wish us to contact? Yes ( ) Reason? \_\_\_\_\_

**Record of employment: (paid /volunteer) Explain any gaps in employment.**

| Dates | Employer/Supervisor | Email address | Nature of Work | Reason for Leaving |
|-------|---------------------|---------------|----------------|--------------------|
|       |                     |               |                |                    |
|       |                     |               |                |                    |
|       |                     |               |                |                    |

**Camp Work Experience:**

| Dates | Camp Name | Supervisor/Director Email | Position |
|-------|-----------|---------------------------|----------|
|       |           |                           |          |
|       |           |                           |          |

**Camp Attended Experience:**

| Age attended | Camp Name | Location | Favorite Activity |
|--------------|-----------|----------|-------------------|
|              |           |          |                   |
|              |           |          |                   |

**K. References:** Give names of 3 persons having knowledge of your character, experience, work habits and ability.

| Name ( No Relatives) | email address | Phone # |
|----------------------|---------------|---------|
|                      |               |         |
|                      |               |         |
|                      |               |         |

**L. Education:**

High School : # years completed? \_\_\_\_\_ High School Degree Granted? ( ) Yes ( ) No

College: # years completed? \_\_\_\_\_ A degree in \_\_\_\_\_ will be granted ( when?) \_\_\_\_/\_\_\_\_/\_\_\_\_.

| Dates Attended | School | Major Subjects | Degree Granted |
|----------------|--------|----------------|----------------|
|                |        |                |                |
|                |        |                |                |
|                |        |                |                |



# Medical Form Staff / Health History / Examination Form : Date \_\_\_\_/\_\_\_\_/20\_\_ Page 1

Pathfinder Country Day Camp @ Montauk, Inc. P.O. Box 807 Montauk, New York 11954 631 668 2080  
Fax # (after April 15th): 631 668 2075 email: Nbsummercamp@msn.com

Staff Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M/F Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/guardian: \_\_\_\_\_ Summer Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Winter Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Summer Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

( ) Staff takes NO medications on a routine basis

Allergies: Medications:

1) \_\_\_\_\_ Reaction: \_\_\_\_\_ 2) \_\_\_\_\_ Reaction: \_\_\_\_\_ 3) \_\_\_\_\_ Reaction: \_\_\_\_\_

Food:

1) \_\_\_\_\_ Reaction: \_\_\_\_\_ 2) \_\_\_\_\_ Reaction: \_\_\_\_\_ 3) \_\_\_\_\_ Reaction: \_\_\_\_\_

Insect stings, hay fever, asthma, animal dander or other:

1) \_\_\_\_\_ Reaction: \_\_\_\_\_ 2) \_\_\_\_\_ Reaction: \_\_\_\_\_ 3) \_\_\_\_\_ Reaction: \_\_\_\_\_

Medications Taken Frequently: Include prescription/non prescription medications. No medications out of date,

Prescription drugs: Keep in original package. Prescribing physician, name of patient, medication, dosage on label.

Medications #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times: \_\_\_\_\_ Reason for Medication \_\_\_\_\_

Medications #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times: \_\_\_\_\_ Reason for Medication \_\_\_\_\_

Dietary Restrictions: Does not eat: ☐ red meat ☐ poultry ☐ pork ☐ seafood ☐ eggs ☐ dairy ☐ Other \_\_\_\_\_

## General Questions:

- |   |     |                    |     |                                       |     |
|---|-----|--------------------|-----|---------------------------------------|-----|
| 1. Glasses, contacts, protective eye wear?          | Y N | 10. Sleepwalking?  | Y N | 20. Problems joints, knees, ankles?   | Y N |
| 2. Recent injury, illness, infectious disease?      | Y N | 11. Back problems? | Y N | 21. Fainted during/after exercise?    | Y N |
| 3. Chronic /recurring illness/condition?            | Y N | 12. Hospitalized?  | Y N | 22. Chest pain during/after exercise? | Y N |
| 4. Orthodontic appliance needed at camp?            | Y N | 13. Surgery?       | Y N | 23. Knocked unconscious?              | Y N |
| 5. Skin problems, rash, acne, itching?              | Y N | 14. Heart murmur?  | Y N | 24. Frequent headaches?               | Y N |
| 6. Mononucleosis last 12 mths?                      | Y N | 15. Asthma?        | Y N | 25. Eating disorder?                  | Y N |
| 7. Problems with diarrhea/constipation?             | Y N | 16 Head injury?    | Y N | 26. Dizzy during/after exercise?      | Y N |
| 8. Female: Abnormal menstrual history?              | Y N | 17. Seizures?      | Y N | 27. Frequent ear infections?          | Y N |
| 9. Emotional difficulties professional help sought? | Y N | 18. Bed-wetting?   | Y N | 28. High blood pressure?              | Y N |
|   |     | 19. Diabetic?      | Y N |                                       |     |

Explain "yes" answers noting number:

## Activity Restrictions? Explain:

Please provide our Nurse /Camp Directors with additional information including, behavior, emotional, mental health and physical disabilities. This will help us better understand your needs, as an individual, at camp. \_\_\_\_\_

Medical Insurance information: Is participant covered by family medical/hospital insurance? Y N Insurance Company Name: \_\_\_\_\_

Primary Card Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_ **Please attach a copy of insurance card medical form.**

*This health history is correct and completed as far as I know. The person herein described, has permission to engage in all camp activities except noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission for the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the nurse/physician selected by the camp to secure and administer treatment, including hospitalization, for the named person above. This completed form may be photocopied for trips out of camp.*

Signature of Staff: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian( if minor) : \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance. Thank you.**

**Parent or Guardian: please complete this page. Page 1**

## Medical Form/ Health History and Examination Form Page 2

***This page must be completed by a Physician or Licensed Medical Personal***

**Immunizations:** Which of the following has the participant had? ☐ Measles ☐ Chicken Pox ☐ German Measles ☐ Mumps  
☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C ☐ TB Mantoux Test Date of Test: \_\_\_\_\_ Result: ☐ Positive ☐ Negative

**Immunization Record:** 1) Mandatory to attend camp. Must be on file prior to attendance 2) Well check within the last 12 months of attending camp. This is mandatory by Suffolk County Board of Health and New York State.

| Vaccine                 | Month/Year | Month/Year | Month/Year | Month/Year | Month/Year | Month/Year | Month/Year |
|-------------------------|------------|------------|------------|------------|------------|------------|------------|
| DTP                     |            |            |            |            |            |            |            |
| TD (Tetanus/diphtheria) |            |            |            |            |            |            |            |
| Tetanus                 |            |            |            |            |            |            |            |
| Polio                   |            |            |            |            |            |            |            |
| MMR                     |            |            |            |            |            |            |            |
| Or measles              |            |            |            |            |            |            |            |
| Or mumps                |            |            |            |            |            |            |            |
| Or Rubella              |            |            |            |            |            |            |            |
| Haemophilus influenza B |            |            |            |            |            |            |            |
| Hepatitis B             |            |            |            |            |            |            |            |
| Varicella (chicken pox) |            |            |            |            |            |            |            |

### Health Care Recommendations By Licensed medical Personal:

I examined this individual on date: \_\_\_\_/\_\_\_\_/\_\_\_\_. BP \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

☐ YES The above applicant may participate in an active camp program.

☐ NO The above applicant may not participate in an active camp program.

The applicant is under the care of a physician for the following conditions: \_\_\_\_\_

### Recommendations and Restrictions at Camp:

Treatment to be continued at camp: \_\_\_\_\_

### Medications to be administered at camp:

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Any medically-prescribed meal plan/dietary restrictions: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Description of any limitations or restriction on camp activities: \_\_\_\_\_

Additional information for health care staff at Pathfinder: \_\_\_\_\_

### Reviewed by:

Signature of Licensed Medical Personal: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

**\*\*A record of Immunizations / Well-Check may be attached to this medical form.**

**For Camp Office Use Only:** Screening Record: Date Screened \_\_\_\_\_ Time: \_\_\_\_\_ am pm

Meds received: ( ) yes ( ) no if yes, describe: \_\_\_\_\_ Observational Notes: \_\_\_\_\_

Screened By \_\_\_\_\_ Date screened: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name, First Name, Middle Name, as listed on Social Security Card

Maiden Name of Other Names Used: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List Year Named Changed / Mother's Maiden Name for applicants who are living or have lived in Mexico or Puerto Rico

Home & Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

HOME ADDRESS FOR PAST & YEARS (use additional pages if needed)

| Street Address | City, State | Zip Code | Country | From: (MM/YR) | To: (MM/YR) |
|----------------|-------------|----------|---------|---------------|-------------|
|                |             |          |         |               |             |
|                |             |          |         |               |             |
|                |             |          |         |               |             |
|                |             |          |         |               |             |
|                |             |          |         |               |             |
|                |             |          |         |               |             |
|                |             |          |         |               |             |

**Check /Answer Questions:**

- Convicted of any crime relating in any manner to children and/or your conduct with them? ( )Yes( )No
- Convicted of any crime including, but not limited to those listed below and/or any crime similar to any manner? ( )Yes( )No
- Indecent assault/battery on a child under fourteen?( )Yes( )No
- Indecent assault/battery on mentally challenged person or a person who has obtained the age of fourteen? ( )Yes( )No
- Rape? ( )Yes( )No Rape of a child under sixteen with force? ( )Yes( )No Assault with intent to commit rape? ( )Yes( )No
- Kidnapping under age16 with intent to rape? ( )Yes( )No Distribution/trafficking narcotics or controlled substances? ( )Yes( )No
- Intent to commit any of the above crimes? If yes, Explain: \_\_\_\_\_
- Adjudged liable for civil penalties or damage involving sexual or physical of children? If yes, Explain: \_\_\_\_\_

• Ever been subject to a court order involving sexual/physical abuse of minor, including, but not limited to domestic order or protection? If yes, Explain: \_\_\_\_\_

• Have parental rights ever been terminated for reasons involving sexual/physical abuse of children? If yes, Explain: \_\_\_\_\_

I understand that:

The camp may deny employment to any person who answers "yes" to any Check/Answer Questions. If hired and the employer later discovers circumstances that would include a "yes" answer to above questions, employment may be terminated immediately. The information provided on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.

The camp may terminate employment of any person if that person is found, regardless of when discovered, to:

- 1) have a history of complaints of abuse of a minor;
- 2) have resigned, been terminated or have been asked to resign from a position whether paid or unpaid, due to complaints of sexual abuse of a minor; and /or
- 3) have falsified or omitted information in this disclosure statement. This disclosure statement must be updated yearly.

Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_ Date \_\_\_\_\_

**\*Must be signed by a Parent or Guardian if applicant is under the age of 18.**

Signature of Minor's Parent /Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date \_\_\_\_\_

## **AUTHORIZATION AND RELEASE Page 2**

**Pathfinder Country Day Camp** ("the Employer") has informed me that the Employer may obtain a "consumer report" pertaining to me, in connection with the evaluation of my qualifications for employment, promotion, reassignment, or retention as an employee or contractor of the Employer's. The Employer has also informed me of the following: (1) that a "consumer report" consists of any written, oral, or other communication of information by a consumer reporting agency bearing on a person's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living; (2) that the Employer will be utilizing Corporate Investigations, Inc. ("CII") (2275 Swallow Hill Road, Suite 500, Pittsburgh, Pa 15220, 1-800-600-0244, <http://ciilink.com>), a consumer reporting agency, to assist in conducting a consumer report pertaining to me; (3) that the Employer and CII may obtain information concerning, among other things, my character, general reputation, criminal arrests and convictions.

I hereby authorize the Employer to procure, and CII to prepare, a consumer report pertaining to me.

I further authorize the Employer and CII, in conducting their investigation, to obtain information concerning, among other things, my character, general reputation, criminal arrests and convictions. I further authorize CII to provide the Employer with the information that CII obtains pursuant to its investigation.

In authorizing this investigation, I will voluntarily provide the supplemental data requested on the attached Supplemental Data Form, to ensure that any records which are located which may refer to a person with a name that is identical or similar to mine are properly determined as referring to, or not referring to, me. I understand that I do not have to provide the supplemental data, and that if I do it will be used only in connection with this investigation. Additionally, I certify that I, the undersigned applicant, have personally completed the Supplemental Data Form and any supporting documents required to conduct my background check.

I hereby release the Employer, CII, and any persons providing information to the Employer or CII from any and all liability that may arise in connection with the above-described background investigation.

If I am hired as an employee or retained as a contractor, this authorization will remain on file and shall serve as an ongoing authorization for the Employer to obtain consumer reports at any time during my employment or contractual relationship with the employer.

I further agree that copies of this Authorization and Release that show my signature are as valid as the original Authorization and Release that I have signed.

Before signing this Authorization and Release, I have had the opportunity to review this document with anyone of my choosing, including an attorney.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

***\*Must be signed by a Parent or Guardian if applicant is under the age of 18.***

**Signature of Minor's Parent or Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date** \_\_\_\_\_



## **DISCLOSURE STATEMENT Page 3**

### **Disclosure**

In connection with an evaluation of your qualifications for employment, promotion, reassignment, or retention as an employee or contractor with **Pathfinder Country Day Camp** ("the Employer"), the Employer may obtain a "consumer report" pertaining to you. A "consumer report" consists of any written, oral, or other communication of information by a consumer reporting agency bearing on a person's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

The Employer will be utilizing Corporate Investigations, Inc. ("CII") (2275 Swallow Hill Road, Suite 500, Pittsburgh, Pa 15220, 1-800-600-0244, <http://ciilink.com>) a consumer reporting agency, to conduct an investigation into your background and to prepare a consumer report pertaining to you. CII may obtain information concerning, among other things, your character, general reputation, criminal arrests and convictions.

You have the right to obtain additional disclosures concerning the nature and scope of the investigation that the Employer has requested. You also have the right to request a written summary of your rights pursuant to Section 609(c) of the Fair Credit Reporting Act. If you would like to obtain additional disclosures concerning the nature or scope of the investigation that the Employer has requested, or if you would like to obtain a written summary of your rights, please submit a written request to the Employer. CII's Privacy Statement may be viewed at <http://ciilink.com>.

### **Acknowledgment**

I hereby acknowledge that I have received and read this Disclosure Statement.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***\*Must be signed by a Parent or Guardian if applicant is under the age of 18.***

***Signature of Minor's Parent or Guardian:*** \_\_\_\_\_

***Print Name:*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

**STATE SPECIFIC NOTICES**

**If you live or work in any of the states listed below, please note the following:**

**CALIFORNIA:** Applicants residing in California acknowledge receipt of the Notice Regarding Background Investigation Pursuant to California Law. If requested by the Employer, California applicants also acknowledge that the Employer will obtain a consumer credit report from TransUnion through CII and have been advised regarding the specific basis for which the consumer credit report is required.

Additionally, under Section 1786.22 of the California Civil Code, you may view the file maintained on you by Corporate Investigations, Inc. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication Services, by appearing at Corporate Investigations, Inc. in person or by mail. You may also receive a summary of the file by telephone. CII is required to have personnel available to explain your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

**MAINE:** Upon request you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You will be provided a copy of your rights under the Maine Fair Credit Reporting Act.

**MASSACHUSETTS:** If you contact the Employer's Human Resources department, you have the right to know whether the Employer ordered an investigative consumer report about you. You also have the right to ask the CRA for a copy of any such report.

**MINNESOTA:** You have the right in most circumstances to submit a written request to the CRA for a complete and accurate disclosure of the nature and scope of any consumer report the Employer ordered about you. The CRA must provide you with this disclosure within five (5) business days after its receipt of your request or the report was requested by the Employer, whichever date is later.

**NEW YORK:** Applicants seeking employment in the state of New York acknowledge receipt of a copy of article 23-A of New York Correction law.

You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the CRA identified below.

**Corporate Investigations, Inc.**  
**2275 Swallow Hill Road, Building 500**  
**Pittsburgh, PA 15220**  
**Telephone: 800-600-0244**  
**Facsimile: 800-891-1399**  
**<http://ciilink.com>**

**WASHINGTON STATE:** If you submit a written request to the Employer's Human Resources department, you have the right to a complete and accurate disclosure of the nature and scope of any investigative consumer report the Employer ordered about you. You are entitled to this disclosure within five business days after the date your request is received or the Employer ordered the report, whichever is later. You also have the right to request a written summary of your rights under the Washington Fair Credit Reporting Act.

( ) **California, Massachusetts, Minnesota, New Jersey and Oklahoma Residents only:** Please check this box if you would like to receive a copy of a consumer report or investigative consumer report at no charge whenever you have a right to receive such a copy, if one is obtained by the Employer. The report will be provided to you within three (3) business days after the report is provided to the Employer.

**I hereby acknowledge that I have received and read the additional state specific notices:**

Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_ Date \_\_\_\_\_

***\*Must be signed by a Parent or Guardian if applicant is under the age of 18.***

**Signature of Minor's Parent or Guardian:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**ARTICLE 23-A NY Applicants: Important Information to Read Page 5**  
**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY**  
**CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

**S 750.** Definitions. For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license or employment sought.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**S 751.** Applicability. The provisions of this article shall apply to any application by any person who has previously been convicted of one or more criminal offenses, in this state or in any other jurisdiction, to any public agency or private employer for a license or employment, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct

**S 752.** Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, to which the provisions of this article are applicable, shall be denied by reason of the applicant's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the applicant has previously been convicted of one or more criminal offenses, unless:

- (1) there is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought; or
- (2) the issuance of the license or the granting of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**S 753.** Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**Continued on top of following page**

**Do Not Return this page with Staff Application**

**Continued ARTICLE 23-A NY Applicants Important Information to Read Page 6**  
**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY**  
**CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**S 754.** Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**S 755.** Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

**~END~**

**A Summary of Your Rights Under the Fair Credit Reporting Act**  
**Important Information to Read**

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

☐ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

☐ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- ☐ a person has taken adverse action against you because of information in your credit report;
- ☐ you are the victim of identity theft and place a fraud alert in your file;
- ☐ your file contains inaccurate information as a result of fraud;
- ☐ you are on public assistance;
- ☐ you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

☐ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

☐ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

**Continue to following page** **Do Not** Return this page with Staff Application

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

□ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

□ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

□ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

□ **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

□ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

□ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

**List on following page**

**Do Not** Return this page with Staff Application

Continued: Important Information to Read Page 8  
**A Summary of Your Rights Under the Fair Credit Reporting Act**

| TYPE OF BUSINESS:  | CONTACT:   |
|--|--|
| 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates<br>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFBP | a. Consumer Financial Protection Bureau<br>1700 G. Street N.W.<br>Washington, DC 20552<br>b. Federal Trade Commission: Consumer Response Center – FCRA Washington DC 20580<br>877 382 4357 |

|   |  |
|---|--|
| 2. To the extent not included in item 1 above:<br>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks<br>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act<br>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations<br>d. Federal Credit Unions | a. Office of the Comptroller of the Currency Customer Assistance Group<br>1301 McKinney Street, Suite 3450<br>Houston, TX 77010-9050<br>b. Federal Reserve Consumer Help Center<br>P.O. Box. 1200 Minneapolis, MN 55480<br>c. FDIC Consumer Response Center<br>1100 Walnut Street, Box #11<br>Kansas City, MO 64106<br>d. National Credit Union Administration<br>Office of Consumer Protection (OCP)<br>Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314 |
| 3. Air carriers   | Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division<br>Department of Transportation<br>1200 New Jersey Avenue, S.E.<br>Washington, DC 20423   |
| 4. Creditors Subject to the Surface Transportation Board  | Office of Proceedings, Surface Transportation Board<br>Department of Transportation 395 E Street, S.W.<br>Washington, DC 20423   |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921  | Nearest Packers and Stockyards Administration area supervisor  |
| 6. Small Business Investment Companies  | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, S.W., 8th Floor<br>Washington, DC 20549  |
| 7. Brokers and Dealers  | Securities and Exchange Commission<br>100 F Street, N.E. Washington DC   |

|  |  |
|--|--|
| 8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive<br>McLean, VA 22102-5090  |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above  | FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA<br>Washington, DC 20580<br>(877) 382-4357 |