



32 Sherwood Drive
Shoreham, NY 11786

APPLICATION INSTRUCTIONS

(Please Read Completely Before Completing Application)

Dear Applicant,

Thank you for your interest in Young People's Day Camp of Queens. Please read and follow these instructions completely to avoid having your application disqualified during the selection process.

- Complete and Sign The Application
- Complete and Sign The W-4 Form
- Attach a copy of your resume as well as, a government form of proof of identity (driver's license, passport, non-driver id, or working papers), and copies of any certifications that may qualify you for the position you are seeking.
- Mail the completed and signed forms, resume, proof of identity, and copies of certifications to:

**Young People's Day Camp of Queens
Employee Applications
32 Sherwood Drive
Shoreham, NY 11786**

Junior Counselors must be at least 16 years old. Senior Counselors must be at least 18 years old.

Please return these documents to the above mentioned address as soon as possible. Your application will be reviewed, and if selected, an interview will be arranged.

INTERVIEWS WILL NOT BE ARRANGED UNTIL THE APPLICATION AND ALL OF THE ABOVE DOCUMENTS HAVE BEEN RECIVED AND REVIEWED.

If you have any questions, please call us at the above mentioned number.

Sincerely,
JIM CORLETO
Executive Director

**Telephone: (631)-209-2041 ? Toll Free (800)-856-1043?Fax (631)-209-2048
Website: www.queenscamp.com
Email: YPDC@queenscamp.com**

APPLICATION FOR EMPLOYMENT

YOUNG PEOPLE’S DAY CAMP

32 Sherwood Dr.
Shoreham, N.Y. 11786

TELEPHONE (631)209-2041
TOLL FREE (800)856-1043
FAX (631)209-2048

NAME _____ DATE OF BIRTH _____ S.S. NO. _____

ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

HIGH SCHOOL _____ YEARS ATTENDED _____

COLLEGE _____ YEARS ATTENDED _____

POSITION DESIRED _____

LICENSES, CERTIFICATIONS, ETC. _____

REFERENCES: (EMPLOYMENT AND, OR PERSONAL)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

CAMP EXPERIENCE:

ARE YOU A RETURNING YPDC STAFF MEMBER? ___ HOW MANY YEARS? ___

OTHER CAMP EXPERIENCE: _____

SPECIAL INTERESTS AND ACCOMPLISHMENTS: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF ANSWERED YES, PLEASE SUBMIT A SEPARATE LETTER DETAILING THE CONVICTION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS HEREIN, INCLUDING ANY CHECKS OF CRIMINAL RECORDS, AND RELEASE THE CAMP AN ALL OTHERS FROM LIABILITY IN CONNECTION WITH THE SAME. I UNDERSTAND THAT, IF EMPLOYED, I WILL BE AN AT- WILL EMPLOYEE UNLESS THERE IS AN AGREEMENT OR LAW WHICH ALTERS THAT STATUS. FURTHERMORE, I UNDERSTAND THAT ANY AGREEMENT MUST BE IN WRITING AND SIGNED BY THE DESIGNATED CAMP OFFICIAL. I ALSO UNDERSTAND THAT MISREPRESENTATIONS OR FALSIFICATIONS HEREIN OR IN OTHER DOCUMENTS COMPLETED OR SUBMITTED BY THE APPLICANT WILL RESULT IN DISMISSAL, REGARDLESS OF THE DATE OF DISCOVERY BY THE CAMP.

SIGNATURE _____ DATE _____

NOTE: Young People’s Day Camp of Queens is committed to providing equal opportunity employment opportunities to candidates and employees without regard to race, religion, creed, age, sex, height, weight, marital status, disability unrelated to an individual’s ability to perform adequately, national origin citizenship, ancestry, or any other characteristic protected by law.

ALLERGIES: List all known allergies. Describe reaction and management of reaction. Attach additional pages for more allergies.

Medication Allergies	Describe reaction and management of reaction.
_____	_____
_____	_____
Food Allergies	
_____	_____
_____	_____
Other Allergies	Include insect stings, hay fever, asthma, animal dander, etc.
_____	_____
_____	_____

MEDICATIONS BEING TAKEN: Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis OR This person takes medications as follows:

Medication #1 _____ Dosage: _____ Specific Times Taken Each Day: _____

Reason for Taking: _____

Medication #2 _____ Dosage: _____ Specific Times Taken Each Day: _____

Reason for Taking: _____

Attach additional pages for more medications.
Identify any medications taken during the school year that participant does/may not take during the summer:

GENERAL HEALTH HISTORY: Please complete the below health history. Explain "Yes" answers below. Attach additional pages for more information.

HAS/DOES THE PARTICIPANT:	YES	NO		YES	NO
1. Had any recent injury, illness or infectious disease?	_____	_____	16. Ever had back problems?	_____	_____
2. Have a chronic or recurring illness/condition?	_____	_____	17. Ever had problems with joints (e.g., knees, ankles)?	_____	_____
3. Ever been hospitalized?	_____	_____	18. Have an orthodontic appliance being brought to camp?	_____	_____
4. Ever had surgery?	_____	_____	19. Have any skin problems (e.g., itching, rash, acne)?	_____	_____
5. Have frequent headaches?	_____	_____	20. Have diabetes?	_____	_____
6. Ever had a head injury?	_____	_____	21. Have asthma?	_____	_____
7. Ever been knocked unconscious?	_____	_____	22. Had mononucleosis in the past 12 months?	_____	_____
8. Wear glasses, contacts, or protective eyewear?	_____	_____	23. Had problems with diarrhea/constipation?	_____	_____
9. Ever had frequent ear infections?	_____	_____	24. Have problems with sleepwalking?	_____	_____
10. Ever passed out during or after exercise?	_____	_____	25. If female, have an abnormal menstrual history?	_____	_____
11. Ever been dizzy during or after exercise?	_____	_____	26. Have a history of bed-wetting?	_____	_____
12. Had seizures?	_____	_____	27. Ever had an eating disorder?	_____	_____
13. Ever had chest pain during or after exercise?	_____	_____	28. Ever had emotional difficulties for which professional help was sought?	_____	_____
14. Ever had high blood pressure?	_____	_____			
15. Ever been diagnosed with a heart murmur?	_____	_____			

Please explain any "yes" answers, noting the number of the questions (attach additional sheets as necessary)

Which of the following has the participant had?	Please give all dates of immunization for:						
<input type="checkbox"/> Measles	Vaccine	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
<input type="checkbox"/> Chicken Pox	DTP	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> German Measles	TD (tetanus diphtheria)	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mumps	Tetanus	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hepatitis	Polio	_____	_____	_____	_____	_____	_____
	MMR	_____	_____	_____	_____	_____	_____
TB Mantoux Test	or Measles	_____	_____	_____	_____	_____	_____
Date of last test : _____	or Mumps	_____	_____	_____	_____	_____	_____
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	or Rubella	_____	_____	_____	_____	_____	_____
	Haemophilus influenza B	_____	_____	_____	_____	_____	_____
	Hepatitis B	_____	_____	_____	_____	_____	_____
	Varicella (chicken pox)	_____	_____	_____	_____	_____	_____
	BCG	_____	_____	_____	_____	_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional or mental health about which the camp should be aware. In addition please list any medical restrictions to diet or physical activities (attach additional sheets as necessary).

Signature of family physician: _____ Phone: _____
Address: _____

Name of family dentist/orthodontist: _____ Phone: _____
Address: _____

NO CHILD WILL BE PERMITTED TO ATTEND CAMP WITHOUT A COMPLETED HEALTH FORM ON FILE.

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 { • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, **complete all worksheets that apply.**
 { • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 <small>Department of the Treasury Internal Revenue Service</small>	Employee's Withholding Allowance Certificate ► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	<small>OMB No. 1545-0074</small> 2008
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature <small>(Form is not valid unless you sign it.)</small> ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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