

Upward Bound
SUNY Plattsburgh
Tutor-Counselor Application
Summer Program 2017

The Upward Bound Program is a year-round federally funded program designed to provide educational support services to participants during the academic year and through a summer component. The Program serves high school students in Clinton, Essex and Franklin counties.

A six-week summer program is offered on the SUNY Plattsburgh campus. Up to one hundred seventy-five area high school students live in a residential environment, enroll in an academic curriculum and participate in a variety of activities. Tutor-Counselors (TCs) generally work from Sunday evening through Friday afternoon. They are directly responsible for the general supervision of students within the residential setting. In addition, they facilitate recreational, cultural and social activities. TCs may also provide some course-specific tutoring for students enrolled in summer courses at Upward Bound.

The Upward Bound Program at SUNY Plattsburgh will hire 14 Tutor-Counselors to work for a seven-week period, **June 13 through July 28, 2017**. Tutor-Counselors receive full room and board plus a salary of \$2,300-\$2,500.

QUALIFICATIONS:

- A college student in good academic standing having completed at least 36 credit hours on campus as an enrolled student (not including AP courses or dual enrollment courses taken in high school);
- Enthusiasm, a high energy level, integrity, leadership and self-responsibility;
- Commitment to work on a team of paraprofessional and professional staff;
- A sincere interest in and concern for adolescents; and,
- Certification in CPR/First Aid prior to commencement of employment. (CPR/First Aid Certification may be arranged through the American Red Cross. SUNY Plattsburgh students may contact Karen Waterbury, Memorial Hall, extension 4150, for CPR/First Aid Classes.)

APPLICATION PROCEDURE: Please submit the following to Upward Bound:

1. *Completed application form (attached);*
2. *One unofficial copy of your college transcript; and*
3. *Two letters of recommendation (forms attached), (e.g. from an advisor, instructor, employer, counselor).*
4. *To receive full consideration supply all requested documents by February 24, 2017. Interviews will begin the week of March 6th.*

For more information contact:

Upward Bound Office
Hawkins Hall 010
or call: **518-564-2030** or **888-578-7812**
riddleac@plattsburgh.edu
www.ubplattsburgh.org

An Equal Opportunity/Affirmative Action Employer

THIS IS A SMOKE-FREE PROGRAM





Employment Application

Welcome to The Research Foundation for the State University of New York, a private nonprofit educational corporation. We appreciated your interest in our organization. We encourage you to provide all the information requested on this application. Thank you.

We are an equal opportunity/affirmative action employer. Personnel are chosen on the basis of ability without regard to race, color, religion, sex, age, national origin, disability, marital status, veteran status, or sexual orientation, in accordance with federal and state law.

Invitation for self-identification – individuals with disabilities and veterans who wish to benefit under the affirmative action program are invited to identify themselves. These forms are available at the location listed below. This information is strictly *voluntary* and will be kept *confidential*. Refusal to provide it will not subject the applicant or employee to any adverse treatment and it will be used only in accordance with government regulations.

Position applied for: _____ Department/office: _____

Name: _____ Phone Number: _____
(Last) (First) (Middle)

Address: _____
(Number & Street) (City) (State) (Zip Code)

Email address: _____

Do you have the legal right to accept employment in the United States? Yes No

Are you under 18? Yes No

Proof of identity and authorization to work in the United States are required prior to employment.

Have you ever been employed by The Research Foundation for The State University of New York?

Yes No If yes, please explain: _____

Do you have a family member(s), relative(s), significant other, or member of your household working for the Research Foundation for SUNY? Yes No If yes, please provide his/her name(s) and department(s) in which he/she works:

Have you ever, or are you currently involved in any form of disciplinary/investigative process before any state licensing body or any accrediting body? Yes No If yes, please provide dates and details of circumstances: _____

Have you ever been convicted of, or pled guilty or no contest to, a crime (felony or misdemeanor)? Please be sure to include Motor Vehicle Traffic misdemeanors. Yes No If yes, please give specifics:

*A conviction is not an automatic bar from employment. Each case is considered and evaluated on its individual merits in relation to the duties and responsibilities of the position for which you apply.

My resume with employment history **Is** **Is not attached.**

If your resume is not attached, you must provide your education and employment history, beginning with your present or last employer, on the reverse side of this application or on additional sheets. The name, address, and telephone number of three references must be provided.

I hereby authorize investigation of all statements contained in this application and attached data as provided. I certify that such statements are true and understand that misrepresentation or omission of facts called for in this form may be cause for termination of employment without notice. I hereby also agree to hold the Research Foundation harmless in divulging the information contained in this application form as well as any personnel records developed as a result of employment with the Research Foundation.

A pre-employment examination by a Research Foundation designated physician may be required if physical condition is a job-related qualification. For some positions, a pre-employment physical examination is required by law.

I also agree, if employed, to abide by all policies and procedures of the Research Foundation. I understand that if hired by The Research Foundation, my employment is terminable at will, with or without cause, based on the employment needs of The Research Foundation as it may determine in its sole discretion.

Applicant's Signature	Date
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Education

High School: (Name and Location)	Course:	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No Year:
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College: (Name and Location)	Major/Degree	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Graduate School: (Name and Location)	Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Degree Earned	Major:
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Employment

List your employment record starting with your present or last employer first. Show all employment and periods of unemployment if more than one month. Include military service. Use additional sheets if necessary.

Dates Employed (Month/Year)	Employer's Name	Address
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Supervisor	Telephone Number
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Briefly describe the duties of your position:

Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dates Employed (Month/Year)	Employer's Name	Address
-----------------------------	-----------------	---------

Supervisor	Telephone Number
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Briefly describe the duties of your position:

Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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References

Give name, address and telephone number of three work-related references. Attached Not attached

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SUNY Plattsburgh
Summer Program
TUTOR-COUNSELOR APPLICATION**

Name: _____
(Please Print)

Do you have a valid driver's license? Yes _____ No _____

Are you eligible to become van certified? (Must be at least 20 yrs. old): Yes _____ No _____

CPR: Yes _____ Expiration Date: _____ No _____ First Aid: Yes _____ Expiration Date: _____ No _____

Have you ever lived on campus? Yes _____ No _____ When _____

Please list your extracurricular activities, special interests, hobbies, sports, etc: _____

On a separate sheet of paper answer the following questions as clearly and thoroughly as possible and attach to this application.

1. Describe 3-5 behaviors you would practice to be an effective role model for teenagers in a residential summer program.
2. Please describe 3 of your strongest and 3 of your weakest personality traits.
3. What are your reasons for seeking this position?
4. Please write a brief autobiographical sketch (minimum 150-200 words).

Letters of recommendation will be submitted by:

1. _____ 2. _____

Please attach an unofficial copy of your college transcript.

Anticipated Graduation Date: _____

Preferred Name: _____ Gender: _____

Signature: _____ Date: _____

Days/Times available for interview: _____

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Recommendation Form

_____ has applied for a position as a Tutor-Counselor with the Upward Bound Program. The applicant has submitted your name as a reference. A successful Tutor-Counselor must possess a high degree of energy, leadership, and adaptability. The following information will be of great assistance to us and will be held in strict confidence. We appreciate your efforts to complete this form and return it to Upward Bound as soon as possible.

Please rate the applicant using a scale of 1 (lowest) to 5 (highest) with 3 representing "average"; NA (unable to evaluate).

_____ 1. **Professionalism:** Reliability, dependability, interpersonal skills, tact, cooperation, ability to complete commitments.

Comments:

_____ 2. **Communication Skills:** Verbal skills, listening, giving directions, ability to describe accurately.

Comments:

_____ 3. **Maturity:** Patience, ability to discern appropriate behavior with adolescents, guidance ability.

Comments:

_____ 4. **Leadership:** Self-discipline, imagination and creativity, flexibility, social sensitivity, work within a group setting.

Comments:

_____ 5. **Effectiveness:** Commitment to responsibilities, discretion in personal behavior (role model), supportive of policies and procedures.

Comments:

Please indicate in which capacity and for how long you have known this individual: _____

Please check one of the following:

____Strongly recommend ____Recommend ____Recommend with reservation ____Do not recommend

Your name and title (please print): _____

Signature _____

Date _____

Return to: Upward Bound
SUNY Plattsburgh
101 Broad Street (Hawkins Hall 010)
Plattsburgh, NY 12901
Fax: (518) 564-3035
riddleac@plattsburgh.edu

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