



For Camp Applicants-Please alert us of your preferred age group of youth to work with.
__Preschool (3-6) __School Age (5-10) __Teens (11-14) __No Preference

Application for Employment

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

BRANCH OF INTEREST: [] East Orange [] South Mountain [] West Essex [] Fairview Lake [] Sussex County [] Association Services

Form with fields for Last Name, First Name, Middle Name, Address, Street, City, State, Zip Code, Telephone Number(s) Home, Cell, and Email Address.

Form with two questions: 'Are you 18 years of age or older?' and 'Are you legally eligible for employment in the United States?' with checkboxes and explanatory text.

Form with question: 'Do you have any pending charges or have you ever plead guilty or been convicted of a criminal offense (felony or misdemeanor)?' with checkboxes and a space for explanation.

Form with fields for 'Position(s) Applied for', 'Date of Application', and 'How were you referred to the YMCA?' with checkboxes and a space for referral source name.

Form with questions about previous employment and availability, including checkboxes for 'Full Time', 'Part Time', 'Temporary', and 'Seasonal', and a section for indicating available days and hours.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

SCHOOL	NAME/LOCATION	COURSE STUDY	# YRS COMPLETED	DIPLOMA/DEGREE
High School				
College				
Graduate				
Other School				

Employment Information (Your resume may be attached, but CAN NOT replace the information below)

Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer.

1) Employer Name	Phone ()
Address	Employed (Month & Year) From: To:
Name of Immediate Supervisor May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Start: Last:
Job Title and Major Duties	Reason for Leaving
2) Employer Name	Phone ()
Address	Employed (Month & Year) From: To:
Name of Immediate Supervisor May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Start: Last:
Job Title and Major Duties	Reason for Leaving
3) Employer Name	Phone ()
Address	Employed (Month & Year) From: To:
Name of Immediate Supervisor May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Start: Last:
Job Title and Major Duties	Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

Special Skills

List all current licenses, permits, certifications and level (CPR, First Aid, Lifeguarding, WSI, CDL, CDA, NJ Teachers Certification, etc.) Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.

TYPE	ISSUING AGENCY	LEVEL	EXPIRES

Computer Knowledge: Have you used a PC? Yes No

Have you used and are you competent in the following software?

- Microsoft Windows Publisher Other word processing, spreadsheet, desktop publishing or database management program:
- Word PowerPoint Please specify program name: _____
- Excel Access

Other Special Training or Skills which you consider relevant to performing the job sought: _____

Volunteer Experience: List any volunteer work you consider relevant to your ability to perform the job sought.

1) Agency Name _____ Volunteered from _____ to _____
 Address _____ Phone Number _____
 Contact Name _____ Nature of Work Performed _____

2) Agency Name _____ Volunteered from _____ to _____
 Address _____ Phone Number _____
 Contact Name _____ Nature of Work Performed _____

Personal References

Please provide 3 personal references below who have known you for at least 3 years. Include 1 relative. Do not include employers.

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Professional References

Please provide 3 professional references below (supervisors or co-workers from present and previous employers who have knowledge of your work). Do not include relatives.

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

General Information

Emergency Contact(s):	1) Name _____	Daytime Phone _____	Evening Phone _____
	Address: _____		
	2) Name _____	Daytime Phone _____	Evening Phone _____
	Address: _____		

Certification / Release (Please read carefully before signing)

By signing this application, I certify that I have read and fully understand the questions asked in this application. I certify that the information provided by me is true, accurate and complete. I understand that any misrepresentation or omission of fact on this application or during any interview may preclude an offer of employment, or may result in a withdrawal of an employment offer, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is uncovered.

I authorize investigation of all statements contained in this application. I authorize the Metro YMCAs of the Oranges (its authorized employees, agents or representatives) to secure information about my experience with former employers, educational institutions, agencies, references and others and obtain informational reports including, but not limited to, criminal history and consumer reports. I release the Metro YMCAs of the Oranges (its authorized employees, agents or representatives) from any and all liability which might result from such investigation. I authorize former employers, educational institutions, agencies, references and others to provide information concerning my experience and background, releasing all parties from any liability arising there from. I understand that, if employed, my continued employment is contingent upon the results of the investigation being acceptable in the sole discretion of the Metro YMCAs of the Oranges.

I authorize the Metro YMCAs of the Oranges to supply my employment record, in whole or in part, and in confidence to any prospective employer government agency, or any other party, with a legal and proper interest.

If I am offered employment, I understand and agree that, if requested, I may be required to undergo a physical examination and that my offer of employment may be conditioned by the examination. I agree to authorize release of all results or information obtained from such physical examinations.

I agree to submit to drug and/or alcohol testing upon request by the Metro YMCAs of the Oranges. I recognize that the result of these tests may be used to determine my employment or continued employment. I understand and expressly agree that, if employed by the Metro YMCAs of the Oranges, storage areas provided for me (locker, desk, etc.) are open to investigation by the Metro YMCAs of the Oranges without prior notice to me.

I consent that photographs that may be taken of me by the Metro YMCAs of the Oranges are property of the Metro YMCAs of the Oranges and may be reproduced as the YMCA desires, free from any claim on my part.

I understand that, if employed, the employment relationship between the Metro YMCAs of the Oranges and me is employment-at-will, and, therefore, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Metro YMCAs of the Oranges or myself. Neither the policies of the Metro YMCAs of the Oranges, nor any other written or verbal communication by a manager or director of the Metro YMCAs of the Oranges, are intended to create a contract of employment or a warranty of benefits.

I certify that, if employed, I will abide by all rules and regulations of the Metro YMCAs of the Oranges. I understand that, if employed, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the Metro YMCAs of the Oranges at its discretion except that the Metro YMCAs of the Oranges will not modify its policy of employment-at-will in any case.

I understand that completion of this employment application does not guarantee me status as an applicant or any consideration for employment unless I meet all state minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept the same as a condition of my consideration for employment with the Metro YMCAs of the Oranges.

Signature of Applicant _____ Date _____

Signature of Parent if applicant is under 18 years of age _____ Date _____

Parent's Name (please print) _____

Hiring Personnel Use Only:

Date rec'd _____ Referred to _____ Date _____

Date contacted _____ Referred to _____ Date _____

Notes/Comments _____

YMCA Camp Addendum

Name: _____ Date: _____

We offer summer day camps for children ages 3-14. If you have a preference of the age group you would like to work with, we would like to know. Checking off any of these age groups will not necessarily disqualify you for work with other camp age groups.

- Preschool Youth (ages 3-6)
- School Age Youth (ages 5-10)
- Teens (ages 10-14) (Some College Preferred to work with this camp.)
- No Preference

Did you attend camp as a child? _____ If so, where? _____

What do you think day camp is about? _____

Why would working at day camp be beneficial to you? _____

How could you benefit our day camp? Do you have any special skills or certifications such as Red Cross, Aquatics, etc? _____

How would you handle an argument between two campers in your group? _____

What work or volunteer experience with children have you had?

How self-motivated are you from a scale of 1-10? (1-very little, 10-very much) _____

Please check any camp-related activities that interest you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Swimming | <input type="checkbox"/> Cooperation Games |
| <input type="checkbox"/> Songs | <input type="checkbox"/> Nature Study | <input type="checkbox"/> Quiet Games |
| <input type="checkbox"/> Dramatics | <input type="checkbox"/> Music/Dance | <input type="checkbox"/> Story time |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Sports (specify) _____ |
| <input type="checkbox"/> Science | <input type="checkbox"/> Model Rocketry | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Nutrition | <input type="checkbox"/> World Culture |
| <input type="checkbox"/> Origami | <input type="checkbox"/> Scrap booking | <input type="checkbox"/> Group Games |
| <input type="checkbox"/> Mediation/Peer | <input type="checkbox"/> Puppetry/Skits | <input type="checkbox"/> Other (specify) _____ |

Is there any other information about yourself you would like to share with us to understand why you would be an excellent candidate to work with our campers? _____
