



**YMCA of Central Ohio
YMCA Camp Willson**

2732 County Road 11 Bellefontaine, OH 43311 1-800-423-0427

e-mail: outdooreducation@ymcacampwillson.org



APPLICATION FOR OUTDOOR EDUCATION EMPLOYMENT

Last Name of Applicant _____

This Association does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, veteran status, marital status, or disability. No question on this form is intended to secure information to be used for such discrimination. Please contact the Human Resources Department if you require accommodation to complete the application or interview process.

Only complete applications will be considered.

Date of Application _____ Social Security Number _____

Name _____

Current Daytime Telephone Number (____) _____ Current Evening Telephone Number (____) _____

Current Address _____
Street City State Postal Code

At Current Address until _____

Permanent Daytime Telephone Number (____) _____ Permanent Evening Telephone Number (____) _____

Permanent Address _____
Street City State Postal Code

Email Address _____ Do you check your email regularly? _____

Other Names used during prior employment _____
Maiden name, other surnames, etc.

GENERAL

Applying for position as:

- Full time
- Part Time
- Seasonal

If applying for seasonal, are you available to work during the school term?

- Yes No

School Term Ends: _____

Are you at least 18 years of age?

- Yes No

Have you previously applied for employment for any YMCA? Yes No

If yes, when? _____ Location(s)? _____

Have you ever worked for any YMCA? Yes No

If yes, when? _____ Location(s)? _____

Do you have any relatives or friends working for the YMCA? Yes No

If yes, name: _____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Have you ever been denied bonding? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide dates and details: _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION		High School	College	Other
	Name			
	Location			
	Number of years completed			
	Course of Study			
Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY	<i>Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent. If a resume is provided, the information must still be completed. If more relevant work history is further back, use the "skills" portion on next page.</i>			
	From	To	Employer	Telephone #
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Complete Address	
	Starting Rate/Salary	Starting Job Title	Ending Rate/Salary	Final Job Title
	Immediate Supervisor	Summarize the nature of work and job responsibilities.		
	Reason for leaving			
	From	To	Employer	Telephone #
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Complete Address	
	Starting Rate/Salary	Starting Job Title	Ending Rate/Salary	Final Job Title
	Immediate Supervisor	Summarize the nature of work and job responsibilities.		
	Reason for leaving			
	From	To	Employer	Telephone #
	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Complete Address	
	Starting Rate/Salary	Starting Job Title	Ending Rate/Salary	Final Job Title
	Immediate Supervisor	Summarize the nature of work and job responsibilities.		
	Reason for leaving			

REFERENCES	List 3 references that are not relatives or past employers (if you do not have information with you, please bring to interview).			
		1	2	3
	Name			
	Address			
	Phone			
	Position/ Occupation			
	How long Known			
	E-mail			

Summarize any other employment history, training, other skills that may have prepared you for this position;

Camp/Year

Position

List your previous camp
experience as a staff
member or camper

_____	_____
_____	_____
_____	_____

List all special licenses, permits, certifications and level or credit hours. (CPR, lifeguard, First Aid, etc.-Proof of these accomplishments will be required, if hired.)

TYPE	LEVEL	EXPIRATION DATE
Lifeguard – YMCA _____	_____	_____
Lifeguard – ARC _____	_____	_____
CPR _____	_____	_____
First Aid _____	_____	_____
<u>CHA or Horseback Riding</u> _____	_____	_____
<u>Boating/Canoeing/Sailing</u> _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

List other experiences working with children: _____

What are your hobbies, special interests and extra-curricular activities? _____

What areas would you feel most comfortable teaching in a camp setting (Refer to the **bold** camping skills section below)? _____

SKILLS

Place a "T" next to those you can teach, an "A" where you can assist and an "X" where you have little or no experience

SKILLS	<input type="checkbox"/> Mammals <input type="checkbox"/> Reptiles & Amphibians	<input type="checkbox"/> Pioneer Life <input type="checkbox"/> Native Amer. History	<input type="checkbox"/> Group Games <input type="checkbox"/> Group Presentation	<input type="checkbox"/> Food Service <input type="checkbox"/> Janitorial Skills	Equestrian <input type="checkbox"/> Western <input type="checkbox"/> English <input type="checkbox"/> Safety	Other _____ _____ _____
	<input type="checkbox"/> Aquatic Life <input type="checkbox"/> Tree ID <input type="checkbox"/> Nature Hikes <input type="checkbox"/> Edible Plants <input type="checkbox"/> Weather	<input type="checkbox"/> Night Hikes <input type="checkbox"/> Astronomy <input type="checkbox"/> Archeology <input type="checkbox"/> Scientific Method	<input type="checkbox"/> Campfire <input type="checkbox"/> Story Telling <input type="checkbox"/> Skits/Plays <input type="checkbox"/> Song Leading	<input type="checkbox"/> Outdoor Cooking <input type="checkbox"/> Sports <input type="checkbox"/> Arts/Crafts	<input type="checkbox"/> Equine Care <input type="checkbox"/> Barn Mgt. <input type="checkbox"/> CHA Cert. <input type="checkbox"/> Pack & Trail	_____ _____ _____ _____
	<input type="checkbox"/> Ornithology <input type="checkbox"/> Geology <input type="checkbox"/> Orienteering <input type="checkbox"/> Survival	<input type="checkbox"/> Sensory Act. <input type="checkbox"/> Nature Games <input type="checkbox"/> Fire Building <input type="checkbox"/> Rowboats	<input type="checkbox"/> Climbing Wall <input type="checkbox"/> Initiatives/Low Ropes <input type="checkbox"/> High Ropes	<input type="checkbox"/> Musical Instruments List:::	_____ _____ _____ _____	

COMPLETE IF APPLYING TO WORK WITH CHILDREN

Why do you want to work with and care for children? _____

Do you have a preference for working with a particular age group and/or sex? _____
Why? _____

How do you plan to discipline? _____

What do you do when you are upset or angry about something? _____

Are you a pedophile or child abuser? Yes No
Have you ever been accused of being a pedophile or child abuser? Yes No
If yes, please explain. _____

Other than through employment, how are you involved with children?

List the 3 greatest strengths and the 3 most difficult problems you have in working with children.

Greatest Strengths	Most Difficult Problems
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

It is the policy of the YMCA Willson Outdoor Center that the use of tobacco is inappropriate in a camp setting and when working with children. It is strictly prohibited during working hours and on camp property.
Do you agree to comply with this policy? _____

The use of alcohol, marijuana and other illegal drugs is strictly prohibited in camp sponsored activities and on camp property.
Do you agree to comply with this policy? _____

It is the policy of the YMCA of Central Ohio to screen employees for drug use.

YMCA OF CENTRAL OHIO
AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby authorize the YMCA of Central Ohio to perform a thorough background check which includes, but is not limited to, obtaining any record of convictions from law enforcement agencies and requesting consumer reports from a consumer reporting agency. I understand that a consumer report may contain information bearing on my credit worthiness, driving record, criminal record, character, and reputation. I authorize this investigation to be conducted for employment purposes, including hiring, promotion, transfer, or retention now or in the future. I understand that a consumer reporting agency may not provide information about me without this written consent.

I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all information they have regarding me.

I hereby release any and all individuals including the YMCA of Central Ohio, its successors, designees, and its past and present officers, directors, employees and agents, individually and there respective capacities, from any and all claims, rights, actions and causes of action arising directly or indirectly out of this background check or the use of consumer reports.

I have read the foregoing authorization for background information and release, and fully understand all the terms and their significance and have voluntarily signed this authorization and release.

Applicant Signature

Date

STATEMENT OF APPLICANT

I certify that all information I have provided in order to apply for and secure work with the YMCA of Central Ohio is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's President.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Applicant Signature

Date

YMCA OF CENTRAL OHIO
NOTICE OF USE OF CONSUMER REPORTS

As part of the YMCA of Central Ohio's procedures for processing employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report, which contains information about me, may be obtained by the YMCA now or in the future. A consumer report may contain information including but not limited to information bearing on my credit worthiness, driving record, criminal record, character, general reputation, or personal characteristics. I understand that the YMCA may not obtain this information from a consumer-reporting agency without my written consent.

The YMCA of Central Ohio endorses and enforces its policies and practices to prevent child abuse. Our first priority in all youth programs is care and safety. We make an active and, we believe, effective effort to prevent child abuse whether verbal, physical, emotional or sexual. Allegations or suspicions of child abuse are taken very seriously by the YMCA and will be reported. The YMCA will fully cooperate in any investigation or prosecution of suspected child abusers.

Since all employees of the YMCA of Central Ohio have access to children, all candidates will be subject to a thorough background investigation which may include, but are not limited to checking the following:

- ◆ Past employer references
- ◆ Personal references
- ◆ Periodic interviews with children and parents about day-to-day experiences, encouraging reports of anything out of the ordinary
- ◆ Criminal background history
- ◆ Psychological testing
- ◆ Drug testing
- ◆ Personal characteristics/activities
- ◆ Civic involvement
- ◆ Volunteer organization history
- ◆ Military records

Signature

Date