



YMCA of Central Ohio YMCA Camp Willson

2732 County Road 11 Bellefontaine, OH 43311 1-800-423-0427
e-mail: summercamp@ymcawillson.org



APPLICATION FOR EMPLOYMENT

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 _____ How did you hear about us? _____
Last First MI

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

Current Address _____
Street City State Postal Code

At Current Address until _____

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

Name of position for which you are applying:

- 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

If applying for a Director Position:

Are you at least 21 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.

Last Name of Applicant _____

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	<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		Email Address	
	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		Email Address	
	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		Email Address	

REFERENCES	List 3 references having knowledge of your work ethic, ability to work with children, past volunteer coordinators, or knowledge of camp related skills; not relatives, friends, or employers listed under work history.		
	1	2	3
	Name		
	Address		
	Phone		
	e-mail		
	Position/ Occupation		
How long Known			

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	Interested in Receiving (X)
Lifeguard – YMCA _____	_____	_____	_____
Lifeguard – Red Cross _____	_____	_____	_____
CPR _____	_____	_____	_____
First Aid _____	_____	_____	_____
Target Sports _____	_____	_____	_____
Boating/Canoeing/Sailing _____	_____	_____	_____
CHA or Horseback Riding _____	_____	_____	_____
Other _____	_____	_____	_____

Please list languages other than English, that you are able to speak, translate, or teach.

Language: _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Translate Conversations	Ability: <input type="checkbox"/> Translate Documents	<input type="checkbox"/> Teach Others
_____	<input type="checkbox"/> Speak	<input type="checkbox"/> Translate Conversations	<input type="checkbox"/> Translate Documents	<input type="checkbox"/> Teach Others
_____	<input type="checkbox"/> Speak	<input type="checkbox"/> Translate Conversations	<input type="checkbox"/> Translate Documents	<input type="checkbox"/> Teach Others

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

Camping Skills	Sports/Fitness	Creative Arts	Nature Study	Waterfront	Equestrian	Camp Craft	Spiritual
	___ Archery	___ Sketching	___ Reptiles & Amphibians	___ Canoeing	___ Western	___ Fire Building	___ Chapel
	___ Rifery	___ Painting	___ Nature Hikes	___ Rowing	___ English	___ Outdoor Cook	___ Devotions
	___ Tennis	___ Sculpting	___ Insects	___ Sailing	___ Safety	___ Knots/Lashing	___ Rags/Leather
	___ Soccer	___ Writing	___ Plants	___ Kayaking	___ Equine Care	___ Survival	Other
	___ Basketball	___ Drama	___ Pioneer Life	___ Swim Lessons	___ Barn Mgt.	___ Orienteering	_____
	___ Volleyball	___ Instrument	___ Indian Lore	___ Rec. Swim	___ CHA Cert.	___ Backpacking	_____
	___ Initiatives	___ Singing	___ Astronomy	___ Diving	___ Pack & Trail	___ High Ropes	_____
	___ Games	___ Newspaper	___ Nature Crafts	___ Fishing	General	___ Trip Leader	_____
	___ Cooperative	___ Tie-Dyeing	___ Nature Games	___ Aerobics	___ Song Leading	___ Canoe Tripping	_____
___ Parachute	___ Woodwork	___ Ecology	___ Games	___ Group Games	___ Rock Climbing	_____	
___ Earthball	___ Leather		___ Safety	___ Skits/Plays	___ Belaying	_____	

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/Why Not? _____

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 Camp Willson 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
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

Continued on back...

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