



Application for Employment Summer Camp Counselor

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This association does not discriminate in the recruitment of Summer Camp Counselors on the basis of race, color, religion, national origin, sex, or disability. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its completion does not imply that you will be accepted into the program. Please read all questions carefully and call (229)391-9622 if you have any questions.

Personal Information

Name _____ Social Security Number _____ - _____ - _____

Name Called _____ E-mail _____

Current Address _____ Town _____ State _____ Zip _____

Contact Number _____ Second Contact Number _____

If employed, can you submit verification of your legal right to work in the United States? Yes No

Are you over the age of 18? Yes No

If hired, do you have a reliable means of transportation to get to work? Yes No

Have you ever been convicted of a felony, or for child abuse or sex-related crimes? Yes No

(Does not include marijuana related convictions which occurred more than 2 years prior to date of application.)

If you answered yes above, please explain in space provided below. Note: A conviction does not disqualify you.

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

Have you ever applied at a YMCA before? Yes No

Have you ever been employed by a YMCA before? Yes No

Will you be able to work the desired hours of service recommended? Yes No

Will you be able to work all weeks of Summer Camp? Yes No

If Not, Why? _____

Are you a college student? Yes No

Are you enrolled in Summer Courses? (If yes, Please attach a copy of your class schedule). Yes No

How were you referred to the Tiftarea YMCA?

- Advertisement
- Employment Referral Name of Employee: _____
- Walk-In
- Agency
- Other Elaborate: _____

Education and Training Information

Name of High School _____ Graduation Year _____

Are you enrolled in a school at this time? Yes No

If yes, what school? _____

Highest Degree Earned: High School Associate Bachelor Master Doctorate

Any Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc are needed to be known. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. Please include any foreign language skills or experiences you may have with this. Professional memberships, certificates or license held please supplement this information by written or typed attachment if applicable. (Please exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical, or mental disability or labor organization affiliations.)

Other Pertinent Information

Are you willing to be without your cellular phone while at work? Yes No

Do you enjoy sports? Yes No

If yes, then what sports and where do you play?

Do you enjoy arts and craft activities? Yes No

Do you enjoy outside activities? Yes No

Do you enjoy inside activities? Yes No

List other hobbies or extracurricular activities that you enjoy and why.

Out of the following circle your top three choices.

- | | | | | |
|------------|---------------|---------------|------------------|---------------|
| Soccer | Basketball | Baseball | Dance | Arts & Crafts |
| LIFE | Roller Hockey | Drama | Golf | Aerobics |
| Acrobatics | Gym | Music | Guitar | Tennis |
| Volleyball | Sewing | Sign Language | Creative Writing | Cheerleading |

Have you ever worked with children before? Yes No

Are you willing to learn and follow the YMCA guidelines? Yes No

Will you wear a uniform attire to work every day if hired? Yes No

Do you have any experience around children? Yes No

List ANY experience with children that you may have below.

What is your main reason for applying for this job?

Previous Employment Information—Please list most recent employment first.

<p>Company Name _____</p> <p>Phone Number _____</p> <p>Address _____ _____</p> <p>Job Title-Start _____</p> <p>Job Title-Finish _____</p> <p>Starting Pay _____</p> <p>Finishing Pay _____</p> <p>Supervisor Name & Title _____</p>	<p><u>Job Description & Duties (Explain Below)</u></p> <p style="text-align: center;"><u>Date of Employment</u></p> <p>Start (MM/YYYY) _____</p> <p>Finish (MM/YYYY) _____</p>	<p><u>Reason for Leaving</u></p>
<p>Company Name _____</p> <p>Phone Number _____</p> <p>Address _____ _____</p> <p>Job Title-Start _____</p> <p>Job Title-Finish _____</p> <p>Starting Pay _____</p> <p>Finishing Pay _____</p> <p>Supervisor Name & Title _____</p>	<p><u>Job Description & Duties (Explain Below)</u></p> <p style="text-align: center;"><u>Date of Employment</u></p> <p>Start (MM/YYYY) _____</p> <p>Finish (MM/YYYY) _____</p>	<p><u>Reason for Leaving</u></p>
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Reference Data

In the space provided below please list professional/work references that we may contact.

Name	Address	Phone Number	Relation

Pre-Employment Certification

Please read the following and initial after each statement.

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the YMCA to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.

If employed by the YMCA I will abide by Association policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

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

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

If I am employed by the YMCA I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the YMCA or myself. I understand that, other than the CEO of the YMCA, no manager, supervisor or representative of the YMCA has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the CEO of the YMCA has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the YMCA.
