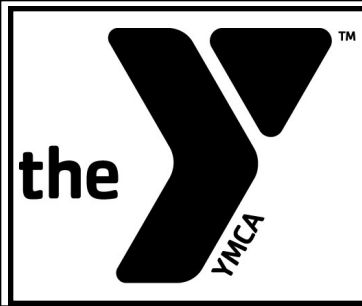


2012 Summer Camp Application For Employment



Office Use Only:

- Sports Camps
- Enrichment Camps
- Gymnastics Camp Cheering Camp
- Trips Camp
- Adventure Camp
- Tricklin' Falls Camps, CTF Little Pine Cones & CTF Specialty Camps
- Swim Camp

Haverhill YMCA Summer Camps
81 Winter Street
Haverhill, MA 01830
(978) 374-0506

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

Position(s) Applying For (please check below) : Date of Availability: ___/___/___ Last Date of Availability ___/___/___

<input type="checkbox"/> Camp Tricklin' Falls Day (campers grades 1st-8th)	<input type="checkbox"/> Sports & Basketball Camps (campers ages 3, 1st -8th grade)	<input type="checkbox"/> Trips Camp (campers grades 1-6th)
<input type="checkbox"/> CTF's Little Pine Cones (campers ages 5—Kindergarten)	<input type="checkbox"/> Enrichment Camps (campers age 3-5)	<input type="checkbox"/> Swim Camp (Ages 5-15)
<input type="checkbox"/> Gymnastics/Cheering Camps (campers age 3-14)	<input type="checkbox"/> CTF's LIT, CIT <small>(MS & HS Leadership Camps),</small> <input type="checkbox"/> Science & Nature Camps <input type="checkbox"/> CTF Specialty Camps <small>(themed camps)</small>	<input type="checkbox"/> Adventure Camps (campers grade 1st-8th)

Specialist (applicants must have previous experience) ___ Sports ___ Agriculture, Science & Nature ___ Gymnastics
 ___ Arts and Crafts ___ Boating ___ Arts ___ Aquatics ___ Other _____

Information (PLEASE PRINT)

Last Name _____ First Name _____ MI _____
 Home Address _____
 City _____ State _____ Zip _____
 School Address _____
 City _____ State _____ Zip _____
 Home Telephone () _____ Cell Phone () _____
 E-Mail _____ Social Security _____

Education & Certifications (PLEASE PRINT)

	Name of School	Major	Yr Completed	Course Study
High School				
Undergraduate College				
Graduate College				

Please list any certifications or trainings you have attended. Copies of certifications/credentials should be attached to this application.

Additional Information (PLEASE PRINT)

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes _____ No _____

Have you ever been a staff member at the Haverhill Camps? Yes _____ No _____

If 'Yes', please fill out the following:

1. Position held: _____ Year(s) _____

2. Position held: _____ Year(s) _____

3. Position held: _____ Year(s) _____

Are you currently employed? Yes _____ No _____

If 'Yes', may we contact your current employer? Yes _____ No _____

Current Employer _____ Phone Number _____

Supervisor's Name _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *(Proof of citizenship will be required upon employment)* Yes _____ No _____

Have you been convicted of a felony within the last 5 years? Yes _____ No _____

(Conviction will not necessarily disqualify an applicant from employment)

If 'Yes', please explain.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a person of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at that time.

I hereby acknowledge and understand that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Arrange Interview Yes _____ No _____

Remarks _____

Notes:
