

2010 Application For Employment

Salem YMCA Summer Camp
One Sewall Street
Salem, MA 01970
(978) 744-0351



PLEASE FILL IN YOUR INFORMATION

Name: _____ Social Security Number _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip: _____

Other Address: _____

City: _____ State: _____ Zip: _____

Home Telephone day (___) _____ Cell Telephone (___) _____

E-mail Address: _____

Can you, if offered employment, submit verification of your legal right to work in the United States? Yes No

PLEASE CHECK ALL AREAS IN WHICH YOU ARE INTERESTED

We are an Equal Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Association to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

- Explorers Counselor
(Campers Grades K-9)
- Basketball Camp
(Campers Entering Grades 3-6)
- Young Pioneers
(Campers Entering K- 1)
- Preschool Camps
(Campers ages 3-5)
- Adventure Camp
(Campers Grades 5-9)
- Specialist for Explorers
(Must have prior experience)
 - Sports
 - Outdoor Education
 - Arts and Crafts
 - Theater/Music
 - Lifeguards
 - Archery

Additional Information (PLEASE PRINT)

Are you currently working for the YMCA of the North Shore? Yes No

Have you ever been a staff member at the Salem 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: _____ Supervisor's name: _____

Phone Number (_____) _____

Additional Information (PLEASE PRINT)

If current YMCA of the North Shore employee omit this section

Employer: _____

Date Employed from: _____ / _____ to: _____ / _____

Address: _____

Phone Number (_____) _____ Job Title: _____

Supervisor's Name Reason For Leaving: _____

Hourly Rate/Salary Starting: _____ Final: _____

May the YMCA contact this employer? Yes No

Employer: _____

Date Employed from: _____ / _____ to: _____ / _____

Address: _____

Phone Number (_____) _____ Job Title: _____

Supervisor's Name Reason For Leaving: _____

Hourly Rate/Salary Starting: _____ Final: _____

May the YMCA contact this employer? Yes No

Employer: _____

Date Employed from: _____ / _____ to: _____ / _____

Address: _____

Phone Number (_____) _____ Job Title: _____

Supervisor's Name Reason For Leaving: _____

Hourly Rate/Salary Starting: _____ Final: _____

May the YMCA contact this employer? Yes No

EDUCATION

If current YMCA of the North Shore employee omit this section

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

RELATED QUESTIONS

Working at camps can be fun yet challenging. Why are you interested in working at YMCA summer camps?

It has been raining for three straight days at camp. What activities would you offer to keep your children engaged during these days?

Have you ever worked with a child who needs additional guidance? What steps have you taken to ensure his/her success?

Please complete if you wish to be a specialist. One theme this summer is "Pride Week". How would you gather your group of campers together and create an activity or plan to show their pride in their camp Use back, if necessary.

Camp begins at 7:00am and ends at 6:00pm Monday-Friday. Please let us know what hours you'll be available.

Please indicate dates available for employment.

PERSONAL INFORMATION

Are you less than 18 years of age? Yes No
If yes can you provide a Work Permit/Education Certificate? Yes No

Have you ever been convicted of a felony? Yes No
If yes, please explain: (A conviction will not necessarily disqualify you.)

Have you ever been convicted for child abuse or sex-related crimes? Yes No
If yes, please explain:

Within the last 5 year have you been convicted of, or ended a period of incarceration resulting from, a conviction for a misdemeanor other than first conviction for drunkenness, simple assault, speeding, a minor traffic violation, an affray, or disturbing the peace? If yes, describe in full. Yes No
If yes, please explain:

Please note: If you have a sealed record on file with the Commissioner of Probation you may answer “no record” with respect to an inquiry herein relative to prior convictions. In addition, any applicant for employment may answer “no record” with respect in a complaint transferred to Superior Court and resulting in conviction.

The Criminal History Systems Board and Security Privacy Council certified the YMCA of the North Shore for access to conviction data concerning present and prospective employees who will have opportunity for contact with children.

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.

Applicant’s Signature

Date of Application

FOR OFFICE USE ONLY

Arrange Interview: Yes No Date: _____

Notes: _____

