

The YMCA of Metro North

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity 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 YMCA to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Home Telephone No.	Cell Phone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No. + Ext. ()
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:	
Can you, after employment, submit verification of your legal right to work in the United States?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you under 18?	email address	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
If Applicable Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:		
EMERGENCY CONTACTS: Name, Phone Number, Relationship		
1.		
2.		
3.		

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available	Salary desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If Applicable please refer to the attached job description for the position for which you are applying. Will you be able to work the schedule described therein? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA If not, please describe how the Company could accommodate you:		
Have you ever applied at the YMCA of Metro North before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the YMCA of Metro North or any of its Branches before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to the YMCA of Metro North <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) Name of Employee _____		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate				
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information that is relevant to the position for which you are applying. If familiarity with a foreign language is listed on the job description, please describe your foreign language skills below.				
Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.				
Computer Skills, i.e. Microsoft Office- Word, Excel, Outlook, etc.		<input type="checkbox"/> Other machines requiring special skills:		

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST			PERSONNEL USE ONLY	
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
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Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final	Base Rate of Pay Start Final		
Supervisor (Name & Title)				
Description of Job Duties				

REFERENCE DATA

PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Name of Personal Reference	EMAIL	Area Code	Phone
Name of Personal Reference			
Name of job Related Reference			
Name of Family Reference			

PRE-EMPLOYMENT CERTIFICATION

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.

Initial

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 therefrom.

Initial

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.

Initial

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 examinations.

Initial

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 (locker, desk, etc.) are open to investigation by the YMCA without prior notice to me.

Initial

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.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA. I understand and agree that, except as noted above, no person who is either an agent or employee of the YMCA may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

FOR EMPLOYMENT DEPT. USE ONLY

Interviewer's Signature

Date



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Metro North

Summer Camp Counselors: Pre-Interview Questionnaire

Name:

email:

Please answer and submit the following questionnaire along with your Employment Application and/or résumé (optional). You can use the provided space or submit other formats.

Please note that there are 20 – 30 hours of mandatory training sessions that all staff will be required to attend before working in our camps to ensure that we achieve our goal of providing a quality camp experience to every camper.

The safety and well-being of our campers is of utmost importance. Before you can begin working at the YMCA of Metro North, you must undergo an intensive background check that includes but is not limited to an examination of your criminal history (a CORI and SORI check) and the National Sex Offender Registry; four personal references checked; two in-person interviews; Child Abuse Prevention training; First Aid and CPR/AED certifications.

1. Please select/rank the YMCA of Metro North Camps are you interested in working?

- Camp Sachem at the Saugus Family YMCA
- Gymnastics Camps at the YMCA of Metro North Gymnastics Center
- Camp Eastman at the Torigian Family YMCA, Peabody
- Camp Melstone at the Melrose Family YMCA
- Other: please specify: _____

2. What are your available hours and days you can work?

Please list any date conflicts/commitments/vacations of which you are aware. Ideal candidates are available five days a week for full 7 to 9 hours per day. We are typically open 9:00am – 4:00pm with before and after camp hours as early as 7:00am and as late as 6:00pm. There may also be opportunities for staff with less flexible schedules.

- Week 1 (June 19 to June 23)
- Week 2 (June 26 to June 30)
- Week 3 (July 3 to July 7)
- Week 4 (July 10 to July 14)
- Week 5 (July 17 to July 21)
- Week 6 (July 24 to July 28)
- Week 7 (July 31 to August 4)
- Week 8 (August 7 to August 11)
- Week 9 (August 14 to August 18)
- Week 10 (August 21 to August 25)
- Week 11 (August 28 to September 1)

- Pre- Camp Set-Up Opportunities (May-June)
- Post- Camp Clean-Up Opportunities (August-Labor Day)
- I prefer early shifts (i.e. 7:00am start)
- I prefer closing shifts (i.e. until 6:00pm)



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

3. Why do you want to work at a YMCA Summer Camp? _____

4. Please give an example of a time you made a positive impact on someone else's life. _____

5. What age groups do you prefer to work with and why?

- Ages 4-5
- Age 6

- Ages 7-8
- Age 9

- Ages 10-12
- Teen Leaders

6. What specific skills, talents or knowledge do you have that help you feel comfortable leading campers in activities?
(i.e. dance, theatre, sports, music, adventure, arts and crafts, etc.) _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

7. How would having you as part of our camp staff team make our camp a better experience for all campers? _____

8. What do you hope to gain as a staff member? _____

Please submit your application and questionnaire to:

Nicole Hanlon
Camp Sachem Director
Saugus Family YMCA
nhanlon@metronorthymca.org
298 Main Street
Saugus, MA 01906

Once your materials are received, and we determine that you may be a strong candidate for our camp, you will be contacted to arrange a phone interview, in-person interview or a group interview with our camp administration.

Applicant Signature	Date
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Office Use Only:			
IPI	Rec'd	Confirm	PhSc
	Grl	O	A/D