



# YMCA of Greater Boston

316 Huntington Ave. Boston, MA 02115

[www.ymcaboston.org](http://www.ymcaboston.org)

2012

## Application for Employment

*The YMCA mission is dedicated to improving the health of mind, body and spirit of individuals and families in our communities. We welcome men and women, boys and girls of all incomes, faiths and cultures.*

Position(s) being applied for: \_\_\_\_\_

Branch Location: Camping

*We consider each application without regard to age, race, gender, color, religious creed, national origins, sexual orientation, criminal record, mental illness, handicap, disability, marital status or any other legally protected status pursuant to relevant federal, state and local laws. Reasonable accommodations will be made for applicants with disabilities and qualified new hires.*

**Notice to Applicants and Employees**  
The YMCA maintains a "zero tolerance" for abuse. Screening tests for alcohol and illegal drug use may be required before hiring and during employment.

**Please type or print. Application must be completely filled out in order to be considered.**

### Personal Data

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous residence if less than five (5) years: \_\_\_\_\_

City/State \_\_\_\_\_

If necessary, best time to call you at home is..... \_\_\_\_\_ AM/PM

May we contact you at work? .....  Yes  No

If yes, work number and best time to call..... (\_\_\_\_) \_\_\_\_\_ AM/PM

If you are under 17 years of age and it is required, can you furnish a work permit?  Yes  No

If no, please explain \_\_\_\_\_

### Employment Availability

What type of position are you applying for: \_\_\_\_\_ Location: \_\_\_\_\_  
 Full Time (32.5 hours or more per week)  Regular Part-Time (up to 32 hours per week – and 6 months or more)  Seasonal (FT or PT, less than 3 months)  Other

When are you available (*check all that apply*)? \_\_\_\_\_ Available start date? \_\_\_\_\_  
 Mornings  Days  Evenings  Late Evenings  Weekends

Any restrictions to work hours? \_\_\_\_\_

### Employment History

Provide the following information of your past and current employers or assignments, **starting with the most recent** (use additional sheets if necessary).

**Have you ever worked at another YMCA?** \_\_\_No \_\_\_Yes **If yes, where?** \_\_\_\_\_

Employer _____ Telephone (____) _____	Dates Employed From _____ To _____	Summarize the type of work performed and job responsibilities
Address _____		
Starting job title/Final job title _____	Hourly Rates/Salary Starting _____	
Immediate supervisor and title _____	\$ _____ per	
Reason for leaving _____	Hourly Rates/Salary Final _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$ _____ per	
Employer _____ Telephone (____) _____	Dates Employed From _____ To _____	Summarize the type of work performed and job responsibilities
Address _____		
Starting job title/Final job title _____	Hourly Rates/Salary Starting _____	
Immediate supervisor and title _____	\$ _____ per	
Reason for leaving _____	Hourly Rates/Salary Final _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$ _____ per	
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Address _____		
Starting job title/Final job title _____	Hourly Rates/Salary Starting _____	
Immediate supervisor and title _____	\$ _____ per	
Reason for leaving _____	Hourly Rates/Salary Final _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$ _____ per	

**Non-employment Record**

Include explanation of all lapses in employment on preceding page.

From		To		Reason...
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

**Education**

School Name & Address (high school, college, trade)	Major Course or Degree Program	Diploma/Degree Received

**References**

List at least three character references/persons that know you well and can attest to your abilities and suitability for YMCA employment *(one reference must be a family member)*.

Name	Phone Number	Relationship to you	Years Known
1.			
2.			
3.			

**Additional Information**

- Do you hold current CPR certification?    \_\_\_ Yes    \_\_\_ No  
 Do you hold current first aid certification?    \_\_\_ Yes    \_\_\_ No  
 Do you hold current lifeguarding certification?    \_\_\_ Yes    \_\_\_ No

List anything else (skills/experience) including volunteer experiences that would strengthen your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How did you find us? *(if applicable)***

- Walk-in
- Signs at Center
- Web Page
- Referral
- Advertisement
- Relative
- Employee
- Private Employment Agency
- Other \_\_\_\_\_

Name of source *(if applicable)*

\_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the YMCA is true, complete and correct, and 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 (i) cancel further consideration of this application, or (ii) immediately discharge me from the YMCA's service, whenever it is discovered. Initial \_\_\_\_\_

I expressly authorize, without reservation, the YMCA, 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, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the YMCA, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered. Initial \_\_\_\_\_

I understand upon offer of employment, the YMCA will conduct a criminal background check prior to and during my employment as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment. Initial \_\_\_\_\_

I am not a child molester, abuser or pedophile; and have not been accused of being a molester or abuser. Initial \_\_\_\_\_

I understand that the YMCA does not discriminate in hiring or employment on the basis of race, color, veteran's status, religious creed, national origin, sex, ancestry, or age; or on the basis of a handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of employment to the applicant. Initial \_\_\_\_\_

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may be necessary to reapply and fill out a new application. **Employment with the YMCA is employment at will** which means that employees may end their employment at any time, for any reason; and that the employer (the YMCA) may terminate employees at any time for any reason, with or without cause. Initial \_\_\_\_\_

I 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, and

**I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.**

Signature of Applicant

Date

*Do not sign until you have read and initialed the above statements.*

**FOR OFFICE USE ONLY - Review/Approval**

Reference Checks Review \_\_\_\_\_ Date

Authorization to Interview \_\_\_\_\_ Date

Dept. Head \_\_\_\_\_ Date

Executive Director \_\_\_\_\_ Date

Executive Director Authorization for offer (attach forms) \_\_\_\_\_

Association Office Approval of FT/RPT \_\_\_\_\_ Date  
Initials \_\_\_\_\_ Date

**Check List:**

- Certification**
- Lifeguard  First Aid  CPR
- Ellis  AED
- Other \_\_\_\_\_
- Work permit *(if applicable)*
- Employee referral

\_\_\_\_\_  
Name

Name: \_\_\_\_\_

Position Desired: \_\_\_\_\_

Camp: \_\_\_ North Woods    \_\_\_ Pleasant Valley    \_\_\_ Sandy Island    \_\_\_ Laughing Loon Day Camp

### PAST CAMP EXPERIENCE

Camp Name

Position

Director

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### SKILL ASSESMENT

*Place a "T" next to the activities you feel confident in organizing/teaching; place an "A" next to skills you feel confident assisting.*

\_\_\_ Ropes Course      \_\_\_ Riflery      \_\_\_ Ceramics      \_\_\_ Music (Style\_\_\_\_\_)

\_\_\_ Orienteering      \_\_\_ Archery      \_\_\_ Drama      \_\_\_ Dance (Style\_\_\_\_\_)

\_\_\_ Hiking      \_\_\_ Baseball/Softball      \_\_\_ Martial Arts      \_\_\_ Auto Mechanics

\_\_\_ Outdoor Cooking      \_\_\_ Tennis      \_\_\_ Radio Broadcasting      \_\_\_ Cooking

\_\_\_ Wilderness Camping      \_\_\_ Environmental Education      \_\_\_ Puppetry      \_\_\_ Swimming

\_\_\_ Woodworking      \_\_\_ Arts & Crafts      \_\_\_ Computer Skills      \_\_\_ Windsurfing

\_\_\_ Leather Work      \_\_\_ Drawing/Sketching      \_\_\_ Painting      \_\_\_ Water-skiing

\_\_\_ Soccer      \_\_\_ Photography      \_\_\_ Drama      \_\_\_ Sailing

\_\_\_ Volleyball      \_\_\_ Story Telling/Song Leading      \_\_\_ Carpentry      \_\_\_ Kayaking

\_\_\_ Field Hockey      \_\_\_ Newspaper      \_\_\_ Radio Broadcasting      \_\_\_ Canoeing

\_\_\_ Equestrian      \_\_\_ Foreign Language      \_\_\_ Other

### CAMP CERTIFICATIONS

*Please check the certifications you presently hold and will be current this summer.*

*Please list the date for any certification you intend on having by June 15th.*

\_\_\_ First Aid      \_\_\_ Archery Instructor      \_\_\_ Kayaking Instructor      \_\_\_ Driver's License

\_\_\_ EMT      \_\_\_ Sailing Instructor      \_\_\_ ACA OLS      State\_\_\_\_\_

\_\_\_ CPR (Level\_\_\_\_\_)

\_\_\_ Ropes Course Instructor      \_\_\_ LGT      \_\_\_ Other

\_\_\_ Wilderness First Aid      \_\_\_ Water-ski Instructor      \_\_\_ RN      List\_\_\_\_\_

\_\_\_ Wilderness First Responder      \_\_\_ Riflery Instructor      \_\_\_ WSI      \_\_\_\_\_

