



YMCA OF SUMTER 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.

Personal Information

NAME: Please PRINT or TYPE	Social Security No.	Home Telephone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message/Business No.
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code		Number of years at previous address:
Email Address:		
Upon employment, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you have a valid driver's license? <input type="checkbox"/> YES- Type _____ ID# _____ Issuing State _____ Expiration Date _____ <input type="checkbox"/> NO		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a felony, child abuse or sex-related crimes? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please explain:		

U.S. Military Service Data

Branch:
List Special Training or Skills:

Employment Desired

Type of POSITION desired:	Date Available	Salary desired
Schedule Desired (Dates/Times Available):		
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		

Have you ever been fired or asked to resign from a job?
 YES NO

If yes, please give company name, dates, address & reason.

Please refer to the attached job description and/or job vacancy posting for the position for which you are applying. Will you be able to work the schedule described therein?
 YES NO

If not, please describe a better accommodation.

Have you ever applied at the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by the YMCA before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?
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How were you referred to the YMCA:
 Advertisement Employee Referral Walk Agency Other (please specify below)

Name of Employee or referral: _____

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				Overall College Scholastic Average
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.				
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Computer Skills, i.e. Front Page, Word, Excel, PowerPoint, Email, Internet Desktop Publishing, etc.	<input type="checkbox"/> Other machines requiring special skills:		
PERSONNEL USE ONLY				

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		
Supervisor (Name & Title)				
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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				

Reference Data

List 3 people who are not related to you and who have definite knowledge of your work qualifications for the position for which you are applying.

(Must be at least 2 professional references from different organizations)

Name	Mailing Address	Email Address	Phone	PERSONNEL USE ONLY

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 YMCA 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

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 concurrent practices, oral or written agreements, understandings, statements, representations and promises, expressed 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

Supervisor use only for employment interview

Interviewer's Signature

Date

YMCA OF SUMTER Summer Camp Supplemental Application

Name: _____

Camp Preference: Indoor Camp ___ Outdoor Camp ___

Phone: _____

Dates Available: _____

Email: _____

Years of High School: _____

Address: _____

Years of College: _____

Street

City

Zip

1. Identify your skill and interest areas:

(Indicate: 1 – lots of skill and experience 2 – Some skill or experience 3 – Interested in learning)

Skills	Current Certifications
<input type="checkbox"/> Archery	<input type="checkbox"/> Lifeguard Certificate <input type="checkbox"/> Basic First Aid <input type="checkbox"/> CPR <input type="checkbox"/> EMT <input type="checkbox"/> Water Safety Instructor <input type="checkbox"/> Boating: _____ <input type="checkbox"/> Windsurfing <input type="checkbox"/> Archery <input type="checkbox"/> Outdoor Living Skills <input type="checkbox"/> Ropes Course Assembly <input type="checkbox"/> Bus Driving _____ Driver's License # & State
<input type="checkbox"/> Arts & Crafts	
<input type="checkbox"/> Basketball	
<input type="checkbox"/> Bilingual in: _____	
<input type="checkbox"/> Boating: Sailing/Canoe Raft	
<input type="checkbox"/> Candle Making	
<input type="checkbox"/> Climbing/Rockclimbing	
<input type="checkbox"/> Clowning/Mime	
<input type="checkbox"/> Dancing	
<input type="checkbox"/> Drama/Skits	
<input type="checkbox"/> Drawing/Painting	
<input type="checkbox"/> Environmental Education	
<input type="checkbox"/> Fishing	
<input type="checkbox"/> Geology	
<input type="checkbox"/> Golf	
<input type="checkbox"/> Group Games	
<input type="checkbox"/> Gymnastics	
<input type="checkbox"/> Hiking/Backpacking	
<input type="checkbox"/> Hockey	
<input type="checkbox"/> Horseback Riding	
<input type="checkbox"/> Ice Skating	
<input type="checkbox"/> Juggling	
<input type="checkbox"/> Lifeguarding	
<input type="checkbox"/> Musical Instruments	
<input type="checkbox"/> Nature Study	
<input type="checkbox"/> Needlecraft	
<input type="checkbox"/> New Games	
<input type="checkbox"/> Orienteering	
<input type="checkbox"/> Patience	
<input type="checkbox"/> Photography/Video	
<input type="checkbox"/> Pottery	
<input type="checkbox"/> Ropes Course	
<input type="checkbox"/> Skateboarding / Rollerblade	
<input type="checkbox"/> Soccer	
<input type="checkbox"/> Song Leading	
<input type="checkbox"/> Star Gazing/Astronomy	
<input type="checkbox"/> Storytelling	
<input type="checkbox"/> Supervision of Children	
<input type="checkbox"/> Supervision of Adults	
<input type="checkbox"/> Swimming	
<input type="checkbox"/> Tie Dyeing/Batik	
<input type="checkbox"/> Volleyball	
<input type="checkbox"/> Weaving	
<input type="checkbox"/> Windsurfing	
<input type="checkbox"/> Writing	

2. Do you have an age group preference? ___ 5-8 ___ 9-11 ___ 12-13

3. What program areas interest you and why?

4. What characteristics do you feel you can offer the Camp Program as a staff member?

5. What would you like to accomplish if selected to work at our YMCA Camp Program?

6. Personal References (people who can judge your qualifications for the position for which you have applied).

	Name	Phone	Relationship	Years Known
1		()		
2		()		
3		()		

YMCA OF SUMTER
Summer Camp Supplemental Application