



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2021 SUMMER CAMP EMPLOYMENT APPLICATION

Thank you for your interest in YMCA Camp Y-Koda and employment with us in the Sheboygan County YMCA.

The YMCA is an equal opportunity employer and does not discriminate in recruitment, hiring or other terms or conditions of employment on the basis of race, color, religion, national origin, sex, disability, age or any other status protected by law.

If you would like to apply to join the YMCA and Summer Camp team, please complete the application below.

- Be sure to write legibly
• The application must be completed in full.
• Do not leave any spaces blank, you may write "see resume" in response to any employment question.
• Read and sign the last page of the application.

PERSONAL INFORMATION

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred YMCA Location: \_\_\_\_\_ Date Available: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_
Last First MI

Address: \_\_\_\_\_
Street City State ZIP

Telephone: Home \_\_\_\_/\_\_\_\_ Business \_\_\_\_/\_\_\_\_ Mobile \_\_\_\_/\_\_\_\_

Are you 18 years of age or older? (If not, you may be required to provide work authorization.) [ ] Yes [ ] No

If hired, can you provide verification of your legal right to work in the United States? [ ] Yes [ ] No

Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodation? [ ] Yes [ ] No

Have you ever been convicted of a crime? If yes, please list the dates of the convictions, the prosecuting agency, and the offenses.
(A conviction will not necessarily disqualify you from employment. It will be considered only as it may relate to the job you are seeking.)
[ ] Yes
[ ] No

Notice to All Applicants: The YMCA enforces its policies and practices to prevent child abuse.

Allegations or suspicions of child abuse are taken very seriously at the YMCA and will be reported to the proper authorities for investigation. We have abuse reporting procedures, there are scheduled visits from supervisors, we have an open door for parents, and we have a code of conduct for staff. We minimize opportunities for abuse to occur and we talk with children about personal safety and touching limits. We also screen carefully to prevent abusers from being hired and we provide child abuse prevention training to staff.

EMPLOYMENT INFORMATION

List available days/hours:

Please keep in mind all summer camp positions are full-time seasonal positions that primarily work Monday - Friday, 8:00am-4:30pm each day, with occasional before and after camp hours. Each Thursday all staff are required to sleepover and attend the family program. Our summer camp operation begins Monday, June 14, 2021 and ends Friday, August 27, 2021.

Table with 7 columns: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

Preferred Job Status: [ ] Full-Time [ ] Part-time [ ] Seasonal [ ] As Needed

Have you previously been employed by this YMCA, Camp or any other YMCA? [ ] Yes [ ] No
If yes, when? At which locations?

Have you previously volunteered at this YMCA, Camp or any other YMCA?

Yes  No

If yes, when? At which locations?

Do you have any relatives or household members currently working for this YMCA or Camp?

Yes  No

If yes, name(s) and relationship:

How did you hear about this opening?

- |   |   |
|---|---|
| <input type="checkbox"/> YMCA or Camp Staff Referral, name: _____ | <input type="checkbox"/> NAAEE  |
| <input type="checkbox"/> Walk-in                                  | <input type="checkbox"/> Purple Briefcase   |
| <input type="checkbox"/> Camp Y-Koda Website                      | <input type="checkbox"/> Facebook   |
| <input type="checkbox"/> YMCA of the USA                          | <input type="checkbox"/> Instagram  |
| <input type="checkbox"/> Sheboygan County YMCA Website            | <input type="checkbox"/> Camp Alumni (camper, staff, volunteer, etc.) name: _____ |
| <input type="checkbox"/> YMCA Member, name: _____                 | <input type="checkbox"/> Word of Mouth  |
| <input type="checkbox"/> Job Fair                                 | <input type="checkbox"/> Posters around Sheboygan County                          |
| <input type="checkbox"/> From School (posters, job binders, etc.) | <input type="checkbox"/> YMCA Display Case  |
| <input type="checkbox"/> Handshake                                | <input type="checkbox"/> Indeed   |
| <input type="checkbox"/> Wisconsin Tech Connect                   | <input type="checkbox"/> Other: _____   |

## EDUCATION & TRAINING

| EDUCATIONAL BACKGROUND   |                |             |   |        |       |
|--|----------------|-------------|---|--------|-------|
|  | Name of School | City, State | Diploma Awarded   | Degree | Major |
| <input type="checkbox"/> High School<br><input type="checkbox"/> GED |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> In Progress |        |       |
| College  |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> In Progress |        |       |
| Graduate School  |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> In Progress |        |       |
| Vocational/Other   |                |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> In Progress |        |       |

Describe any non-employment experience such as school or volunteer activities that might strengthen your application:

| SAFETY & JOB SPECIFIC CERTIFICATIONS                           |  |
|--|--|
| Have you ever obtained a CPR, First Aid, or AED Certification? | <input type="checkbox"/> Yes, I have taken it in the past, but it has expired<br><input type="checkbox"/> No, I have never taken a course on CPR, First Aid, or AED certification.<br><input type="checkbox"/> Currently Certified, I have successfully passed the certification course and currently certified. |
| Have you ever obtained a Lifeguarding Certification?           | <input type="checkbox"/> Yes, I have taken it in the past, but it has expired<br><input type="checkbox"/> No, I have never taken the lifeguarding certification course<br><input type="checkbox"/> Currently Certified, I have successfully passed the certification course and currently certified.             |

| Please provide information on all PAST certifications obtained. If applicable. |          |       |            |
|--|----------|-------|------------|
| Type (CPR, First Aid, CDA, Etc.)   | Provider | Level | Expiration |
|  |          |       |            |
|  |          |       |            |
|  |          |       |            |

**Please provide information on all CURRENT certifications obtained. If applicable.**

| Type (CPR, First Aid, CDA, Etc.) | Provider | Level | Expiration |
|----------------------------------|----------|-------|------------|
|                                  |          |       |            |
|                                  |          |       |            |
|                                  |          |       |            |

**EMPLOYMENT HISTORY**

**List all previous employment during the past seven years starting with the most recent. Use additional sheets if needed.**

|   |                          |   |  |
|---|--------------------------|---|--|
| Employer  | Telephone<br>_____/_____ | <b>Dates Employed</b><br>From: ____/____<br>To: ____/____ | Summarize the nature of the work performed and job responsibilities. |
| Address (Street, City, State, Zip)  |                          | <b>Starting Hourly Rate/Salary</b><br>\$ _____ Per _____  |  |
| Job Title   |                          | <b>Ending Hourly Rate/Salary</b><br>\$ _____ Per _____    |  |
| Immediate Supervisor and Title  |                          |   |  |
| Reason for Leaving  |                          |   |  |
| <b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |   |  |

|   |                          |   |  |
|---|--------------------------|---|--|
| Employer  | Telephone<br>_____/_____ | <b>Dates Employed</b><br>From: ____/____<br>To: ____/____ | Summarize the nature of the work performed and job responsibilities. |
| Address (Street, City, State, Zip)  |                          | <b>Starting Hourly Rate/Salary</b><br>\$ _____ Per _____  |  |
| Job Title   |                          | <b>Ending Hourly Rate/Salary</b><br>\$ _____ Per _____    |  |
| Immediate Supervisor and Title  |                          |   |  |
| Reason for Leaving  |                          |   |  |
| <b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |   |  |

|   |                          |   |  |
|---|--------------------------|---|--|
| Employer  | Telephone<br>_____/_____ | <b>Dates Employed</b><br>From: ____/____<br>To: ____/____ | Summarize the nature of the work performed and job responsibilities. |
| Address (Street, City, State, Zip)  |                          | <b>Starting Hourly Rate/Salary</b><br>\$ _____ Per _____  |  |
| Job Title   |                          | <b>Ending Hourly Rate/Salary</b><br>\$ _____ Per _____    |  |
| Immediate Supervisor and Title  |                          |   |  |
| Reason for Leaving  |                          |   |  |
| <b>May we contact this employer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |   |  |

**Please explain any gaps in your employment history:**

**What other business experience, personal experience or training have you had that may have prepared you for this position?**

## PERSONAL REFERENCES

- Please list references below; one person must be a professional reference or previous supervisor.
- References must be age 18 or older and CANNOT be related to you.

|                            |                    |                          |
|----------------------------|--------------------|--------------------------|
| Name                       | Occupation         | Years Known              |
| Address (City, State, Zip) |                    |                          |
| Email                      | Phone<br>____/____ | Alternate #<br>____/____ |
| Name                       | Occupation         | Years Known              |
| Address (City, State, Zip) |                    |                          |
| Email                      | Phone<br>____/____ | Alternate #<br>____/____ |
| Name                       | Occupation         | Years Known              |
| Address (City, State, Zip) |                    |                          |
| Email                      | Phone<br>____/____ | Alternate #<br>____/____ |

## ADDITIONAL CAMP QUESTIONS

What is motivating you to apply for this position?

What skills do you possess that you believe make you a good candidate for this role?

Do you have experience with the following? Check all that apply.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Kayaking                         | <input type="checkbox"/> BB Guns                            | <input type="checkbox"/> Driving a vehicle with a trailer attached | <input type="checkbox"/> Fishing       |
| <input type="checkbox"/> Belaying for a Ropes Course      | <input type="checkbox"/> Slingshots                         | <input type="checkbox"/> Paddle Boarding                           | <input type="checkbox"/> Going Camping |
| <input type="checkbox"/> Making Campfires                 | <input type="checkbox"/> Rock Climbing                      | <input type="checkbox"/> Driving a 7 passenger van                 | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Swimming in a lake or river      | <input type="checkbox"/> Driving a 13 passenger van         | <input type="checkbox"/> Campfire Cooking                          | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Archery                          | <input type="checkbox"/> Storytelling                       | <input type="checkbox"/> Swimming in Deep Water                    | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Zip Lining                       | <input type="checkbox"/> Gaga Ball or other sports          | <input type="checkbox"/> Speaking to a crowd of 100 people or more |  |
| <input type="checkbox"/> Leading Team-building Activities | <input type="checkbox"/> Leading & teaching songs to others |  |  |

All summer camp positions requires the Lifeguard Certification. Please answer the following questions.

|  |  |
|--|--|
| I have been lifeguard certified in the past. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I have a current lifeguard certification.    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I am a strong swimmer.                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I can swim 10 laps continuously.             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I can tread water.                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I am a fast swimmer.                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I can swim the front crawl.                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I can swim with my face in the water.        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I can swim the breaststroke.                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

On a scale of 1-5 (5 = most confident), how confident are you that you could complete the lifeguarding swim test?

The swim test includes: swimming 10 laps continuously, treading water using only legs for 2 minutes, swimming 20 yards and diving to retrieve a brick in 7-10 feet deep water and swimming back 20 yards in under 2 minutes.

- 1 Least Confident       2       3       4       5 Most Confident

## APPLICATION ACKNOWLEDGMENT AND AUTHORIZATION

Please read all statements and sign below:

I authorize both the YMCA and persons listed (references, schools, current (unless noted) and former employers and any others with whom you desire to check) to communicate with regard to any relevant information that may be required to reach an employment decision. I agree to hold such persons harmless with respect to any information they may supply. I understand and agree that any offer of employment is contingent upon successful completion of all background check processes, including a criminal history background check.

I certify that all information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this application or any other document submitted in connection with YMCA employment will result in denial of employment or termination of employment regardless of the timing or circumstances of discovery.

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.

I understand that all offers of employment are conditional upon my ability to provide appropriate documents regarding my identity and legal right to work in the United States. 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. If hired, I agree to abide by the YMCA policies and rules at all times. I acknowledge that I have read the above statements and understand them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

