



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

GREAT SOUTH BAY YMCA SUMMER CAMP EMPLOYMENT APPLICATION 2020

(PLEASE PRINT CLEARLY)

REVISED AS OF 12/17/19

Name:		Today's Date:	
Address:	City:	State:	Zip:
Home Phone:		Cell Phone:	
E-mail-PLEASE PRINT CLEARLY		T-Shirt Size:	

Are you under 18 years of age: Yes No

Camp of interest at Great South Bay please circle Kiddie or Youth

- Youth/Kiddie M-F 8:30am-4pm Youth/Kiddie any 3 days 7:00 am-4pm
 Youth/Kiddie any 3 days 8:30am-6pm Youth/Kiddie M/W/F 8:30am-4pm

Camp of interest at ACLD Spiegel Center please circle Pre-Teen or Sports

- Pre-Teen/Sports M-F 8:15am-4pm Pre-Teen/Sports any 3 days 7:00 am-4pm
 Pre-Teen/Sports any 3 days 8:15am-6pm Pre-Teen/Sports M/W/F 8:15am-4pm

Extended Day

- Extended Day- 5 days (7am-8:45am) Extended Day -5 days (3:45pm-6pm)
 Extended Day- MWF (7am-8:45am) Extended Day -MWF (3:45pm-6pm)

*Are you available to work the entire summer (June 29th – August 28th): Yes No
 If no, when will be your last day? _____

Please submit your completed application via email to scott.snyder@ymcali.org or mail to:
 YMCA
 200 West Main St.
 Bay Shore, NY 11706
 Attn: Scott Snyder-Camp Director

EMPLOYMENT APPLICATION

YMCA OF LONG ISLAND, INC.



PERSONAL INFORMATION

Last Name		First Name		MI	Today's Date	
Street Address			City	State		Zip
Home Phone		Cell Phone		Email Address		
Desired Position			Desired Location		Available Start Date	
Have you previously been employed by this YMCA or any other YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? At which locations?						
If hired, can you provide verification of you legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EMPLOYMENT INFORMATION

List available days/hours:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Preferred Job Status: Full-time Part-time Seasonal As Needed

EDUCATION & TRAINING

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL (INDICATE CITY AND STATE)	COURSE OF STUDY / DEGREE RECEIVED	CHECK LAST YEAR COMPLETED
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 11 <input type="checkbox"/> 10 <input type="checkbox"/> 12
Junior College			<input type="checkbox"/> 1 <input type="checkbox"/> 2
College			<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
Graduate School			<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4
Vocational/Other			

Check all certifications and list any technical skills that you feel qualify you for the job for which you are applying:

First Aid CPR Pro RTE AED Fire Safety Lifeguard Water Safety Instructor Oxygen Administration

Other: _____

Indicate any foreign languages you can speak, read, and/or write:

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EMPLOYMENT HISTORY: List all previous employment during the past seven years starting with the most recent. Include military service in the U.S. Armed Forces. Use additional sheets if needed.

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor and Title: _____

Reason for Leaving: _____ Dates Employed From: ____ / ____ To: ____ / ____

Summarize the nature of work performed and job responsibilities:

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor and Title: _____

Reason for Leaving: _____ Dates Employed From: ____ / ____ To: ____ / ____

Summarize the nature of work performed and job responsibilities:

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Supervisor and Title: _____

Reason for Leaving: _____ Dates Employed From: ____ / ____ To: ____ / ____

Summarize the nature of work performed and job responsibilities:

APPLICATION ACKNOWLEDGEMENT AND AUTHORIZATION

1. I authorize the YMCA of Long Island to obtain information concerning former employers and others, and I release all concerned from any liability in connection therewith.
2. I declare that my answers to the questions in this application are true and complete to the best of my knowledge and belief. I understand that any false statements or omissions of facts called for appearing on this or any other employment form will be sufficient reason not to place me as an employee with the YMCA, and if discovered after my employment, may result in immediate removal from my position at the YMCA of Long Island's sole discretion.
3. If employed, I will abide by the rules, regulations, and statements of policy which now exist, or which may, from time to time, be added to, modified, or changed, as circumstances warrant, at the sole discretion of the organization.
4. I understand that this application for employment is not a contract and is not intended to confer or create contractual rights of any kind or nature. If employed, employment is on an at-will basis and may be terminated any time and for any reason, with or without cause, by either the employee or the YMCA of Long Island.

I have read and understand the above.

SIGNATURE OF APPLICANT _____

DATE _____