JUNIUS WARD JOHNSON MEMORIAL YMCA APPLICATION FOR EMPLOYMENT

WARNER-TULLY MEMORIAL YMCA CAMP

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 in its entirety.

PERSONAL INFORMATION

	PERSONAL I	NFOK	MATION	N		
Name: Please PRINT or TYPE	Social Sec	urity Nun	nber		Home phone + area code	
ADDRESS: Street Number and Nam	e, City, State, Zip Cod		Number of Y		Cell phone + area code	
			Present Addr	ess?		
Can you, after employment, submit v work in the United States? / /Yes / / I		al right to	AGE:		If hired, do you have	
work in the United States? // Fes // I	NO		Date of I	<u> </u>	reliable transportation to ge to work?	:L
Have you ever been convicted of a co	rime or for any child ah	NICA OF CAN	Mo. day ye		// Yes // No	
disqualify you.) / / Yes / / No	Time of for any clind ac	iuse of sex	x-refated criff	es: (A con	iviction will not necessarily	
If yes, please explain:						
	EMPLOYM	ENT D	ESIRED			
	ssistant Camp Director		inselor	_Floater	11	
Dates Available - see page 5	1 & up)	(17)	& up)	(general	camp laborer)	
A	No If				9 V N-	
Are you presently employed?Y	esNo II yes, may	y we conta	ict your prese	nt employ	er?YesNo	
Are there any days or times you are i	not available to work?					
If so, please explain:						
Have you applied at the YMCA b	efore? / / Yes / / No				e YMCA before?	
If yes, when?		// Yes /	/ No If yes, w	hen?		
**	(0.1.2)					
How were you referred to the YM / / Current employee? Name of						
/ / Walk-in / / Other (please spec						

School Name & Location Years Attended From To Graduate? (Yes/N0) What Degree? Major Subject/ Total Hours (if applicable) Elementary High School College/University Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Doctorate		EDU	CATION A	AND TRAI	NING	
High School College/University College/University Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master	School Name & Location				What Degree?	Total Hours
College/University College/University Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master	Elementary					
College/University Highest Degree Earned (Circle one number only): Scholastic Aver 1. High School 2. Associate 3. Bachelor 4. Master						
Highest Degree Earned (Circle one number only): Scholastic Aver. 1. High School 2. Associate 3. Bachelor 4. Master	<u> </u>					
(Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master	<u> </u>					
	(Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master					Overall College Scholastic Average
seminars, etc. Please attach any written resume or other summary of information that is relevant to the position f which you are applying. If familiarity with a foreign language is listed on the job description, please describe yo foreign language skills below: Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexus orientation, national origin, age, physical or mental disability or labor organization affiliations.) Supplement this information by written attachment if applicable.	which you are applying. If fami foreign language skills below: Professional memberships, cert orientation, national origin, age	iliarity with a	enses held. (Emental disabi	age is listed o	n the job description	r, religion, sex, sexual
Keyboarding WPM Computer Skills, i.e. Microsoft Office-Word, Excel, Outlook, etc. Other machines requiring special ski	Keyboarding Excel			Office-Word,	Other machines	requiring special skills:
U.S. MILITARY SERVICE DATA Branch:	Branch:	U.S. M	IILITARY	SERVICE	DATA	

Branch:	
List Special Training or Skills:	

EMPLOYMENT DATA

EMPLOYMENTFIRST		
C N	Du CE 1	
Company Name Phone Number	Dates of Employment From(Mo/Yr) To(Mo/Yr)	
Address(Include Street, City, State, Zip Code	Job Title-Final	Base Rate of Pay Start Final
Supervisor (Name & Title)		
Description of Job Duties		
Reason for Leaving		
Company Name Phone Number	Dates of Employment From(Mo/Yr) To(Mo/Yr)	Base Rate of Pay Start Final
Address(Include Street, City, State, Zip Code	Job Title-Final	
Supervisor (Name & Title)		
Description of Job Duties		
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Address(Include Street, City, State, Zip Code	Job Title-Final	Base Rate of Pay Start Final
Supervisor (Name & Title)		
Description of Job Duties		
Reason for Leaving		

	ERENCE DATA KREFERENCES WE MAY	CONTACT
Name	Address	Phone Number
PRE-EMPLOY	MENT CERTIFICAT	ION
I understand that this application is only valid for the obligated to retain or consider this application for fe		ent and that the YMCA is not
Initial		
I authorize investigation of all statements contained misrepresentation or omission of facts called for wi application from consideration. I authorize the YM employers, education institutions and agencies, and experience releasing all parties from any liability and	ill result in termination from e CA to secure information about for those partied to provide it	employment or removal of my out my experience with former
Initial		
If employed by the YMCA I will abide by Associat possess a current and valid driver's license if my po		
Initial		
I agree to submit to legally permissible drug and/or results of these tests may be used to determine my agree that if employed by the YMCA storage areas the YMCA without prior notice to me.	employment or continued emp	ployment. I understand and expressly
Initial		
If I am employed by the YMCA I understand my en without notice, at any time at the option of the YMC no manager, supervisor or representative of the YMC any specific period of time, or to make any agreement authority to make any agreement contrary to the for with respect to the at-will employment relationship parties' intent concerning the nature of any employ YMCA.	CA or myself. I understand the ICA has authority to enter interest contrary to the foregoing. regoing and then only in writing, this constitutes the full, com	at, other than the CEO of the YMCA, of any agreement for employment for Only the CEO of the YMCA has the ng. I further expressly agree that, plete and final expression of the
Initial My signature below certifies that I have read and understant this form is true and correct. My signature below also certifies that I agree to be bound by all the understandings and agreements between me and the supersedes all prior and/or contemporaneous practices, oral as noted above, no person who is either an agent or employe	the terms and conditions stated in YMCA concerning the nature of m or written between me and the YMCA.	n this application. This application contains by employment, if any, by the YMCA and MCA. I understand and agree that, except

Applicant Signature

writing, the terms and conditions set forth herein.

Date of Application

Available Dates for Summer 2021: MANDATORY STAFF TRAINING: June 2 (5pm) – June 5 (9am) Special Session: Camp Hope America (6/6 – 6/10) ____Session 1: Rock the Summer (6/13 – 6/19) ____Session 2: Disney (6/20 – 6/26) Mini-Camp: America (7/3 - 7/5)____Session 3: Red, White, & Blue (7/4 – 7/10) Session 4: Harry Potter (7/11 - 7/17)Session 5: Color Explosion (7/18 – 7/24) E-Mail address: _:_____ Previous camp experience:_____ Special skills and interests: (archery, arts and crafts, drama, sports, aquatics, riflery, etc) Certifications: (CPR, First Aid, Lifeguard, Ropes Course) Briefly explain why you would like to be considered for employment at Warner-Tully and tell

what your greates	t strength is.	

Statement of Abuse Prevention

To protect the people in our care, as well as the staff members and volunteers who serve them, we follow strict policies on abuse prevention. We do everything possible to screen out potential offenders and to prevent abuse from occurring to people in our care. This protects the children from potential wrongdoers, and it minimizes the risk of false allegations against innocent staff members and volunteers. We fully cooperate with authorities in thoroughly investigating any and all allegations.

JUNIUS WARD JOHNSON MEMORIAL YOUNG MEN'S CHRISTIAN ASSOCIATION VICKSBURG, MISSISSIPPI

NOTICE AND CONSENT CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because the Junius Ward Johnson Memorial Young Men's Christian Association may request investigative consumer reports in connection with your application for employment or during the course of your employment with the Association, if any, or for other employment-related purposes.

The types for reports that may be requested from consumer reporting agencies under this policy include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. If applying for a position where you may supervise, discipline, or care for minors, this information may include all criminal and arrest records allowed, and that you may be required to submit fingerprints in a manner required by the Association. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your coworkers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reassignment or retention as an employee.

CONSENT STATEMENT

I have carefully read and understand this notice and consent form and confirm that all such information is true and correct. By my signature below, I consent to the release of consumer or investigative consumer reports, as defined above, to the Association (1) in conjunction with my application for employment, and (2) during the course of my employment, if any. I further understand that this consent will apply during the course of my employment with the Association, should I obtain such employment. I understand and agree that this consent will remain in effect indefinitely. I further understand that any and all information contained in my job application or otherwise disclosed to the Association by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Association. I understand and acknowledge that nothing in this Notice and Consent is to be, or is, an offer of employment or a promise of continued employment. If employed by the Association, my employment will not be for a specified period of time and can be terminated at any time, for any reason, with or without cause or notice, by me or the Association.

Name (please print)	Social Security Number
Signature	 Date