



# Application for Employment

YMCA of the EAST BAY  
2330 Broadway, Oakland CA 94612  
An Equal Opportunity Employer

## Thank you for your interest in the YMCA!

The YMCA of the East Bay is an equal opportunity employer. Our organization’s policy is not to discriminate against any applicant or employee based on race, color, religion, national origin, gender, age, sexual orientation, gender identity or expression, marital status, mental or physical disability, and genetic information, or any other basis protected by applicable law. The organization also prohibits harassment of applicants or employees based on any of these protected categories. If you apply to join the YMCA staff team, please complete the application below:

- Be sure to write legibly. Please type or print in ink.
- The application must be completed in full. Do not leave any spaces blank or write “See Resume” in response to any question.
- Please do not forget to sign your application.

## Personal Information:

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

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

Name (print): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Permanent Address (if different): \_\_\_\_\_  
Street City State Zip Code

Primary Phone: ( ) \_\_\_\_\_ Secondary Phone: ( ) \_\_\_\_\_

Are you at least 18 years of age?  Yes  No      Are you at least 15 years of age?  Yes  No

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

## Employment Information:

List available days/hours:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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

Have you previously been employed by this YMCA or any other YMCA?  Yes  No

If yes, when? At which locations? \_\_\_\_\_

Have you previously volunteered at this YMCA 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?  Yes  No

If yes, name(s) and relationship? \_\_\_\_\_

How did you hear about this opening? \_\_\_\_\_

## Education:

Educational Background					
	Name of School	City, State	Diploma Awarded	Degree	Major
<input type="checkbox"/> High School <input type="checkbox"/> GED			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
Vocational/Other			<input type="checkbox"/> Yes <input type="checkbox"/> No <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			
Type (CPR, First Aid, CDA, etc.)	Provider	Level	Expiration

## References:

List three persons not related to you who have knowledge of your work performance within the last three (3) years

Name:			
Occupation:			
Years Known:		Relationship:	
Primary Phone:		Secondary Phone:	
E-Mail:			
Name:			
Occupation:			
Years Known:		Relationship:	
Primary Phone:		Secondary Phone:	
E-Mail:			
Name:			
Occupation:			
Years Known:		Relationship:	
Primary Phone:		Secondary Phone:	
E-Mail:			

## Employment History & Training:

<b>Employment History</b> List all previous employment during the past <b>five</b> years starting with the most recent. Use additional sheets if needed.		
<b>Employer</b>	Telephone:	Dates Employed:
Address		From: ____/____/____ To: ____/____/____
Job Title		Summarize the nature of the work performed and job responsibilities.
Immediate Supervisor and Title		
Reason for Leaving		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Employer</b>	Telephone:	Dates Employed:
Address		From: ____/____/____ To: ____/____/____
Job Title		Summarize the nature of the work performed and job responsibilities.
Immediate Supervisor and Title		
Reason for Leaving		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Employer</b>	Telephone:	Dates Employed:
Address		From: ____/____/____ To: ____/____/____
Job Title		Summarize the nature of the work performed and job responsibilities.
Immediate Supervisor and Title		
Reason for Leaving		
May we contact for a reference? <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?		

Other than English, what languages do you read, write and/or speak fluently? \_\_\_\_\_

Have you ever served in the military?  Yes  No

If Yes, give branch, rank, dates and type of discharge: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW**

**Initials** \_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

**Initials** \_\_\_\_\_ I hereby authorize to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way relations to such investigation or disclosure.

**Initials** \_\_\_\_\_ I understand that YMCA of the East Bay policy prohibits unlawful discrimination based on race, color, creed, sex, marital status, pregnancy, age, national origin, ancestry, sexual orientation, disability, medical condition or any other consideration deemed unlawful.

**Initials** \_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the YMCA of the East Bay, I am entitled to copies of any such public records obtained by the YMCA unless I mark the "Check Box" below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.  
 I waive receipt of a copy of any public record described in the paragraph above.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERSONAL INFORMATION**

**Initials** \_\_\_\_\_ Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No  
*If no, describe the functions that cannot be performed. In accordance with the American with Disabilities Act (ADA) the YMCA of the East Bay seeks reasonable accommodation measures for eligible applicants/employees to perform essential functions.*  
\_\_\_\_\_  
\_\_\_\_\_

**AT WILL EMPLOYMENT**

**Initials** \_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview, or granted during my employment, if hired, is intended to create an employment contract between me and the YMCA of the East Bay. In addition, I understand and agree that if I am hired my employment is for no definite or determinable period and regardless of the day of payment of my wages or salary, may be terminated at any time, with or without prior notice, at the option of either myself or the YMCA of the East Bay. This provision may be modified only in writing, signed by the President of the YMCA of the East Bay.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**YMCA Overnight Camps  
Employment Application Supplemental Questionnaire**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position(s) you are applying for: \_\_\_\_\_

Thank you for your interest in applying for a Cabin Leader position with YMCA Overnight Camps. This supplemental questionnaire is part of the application process. It is not a job offer. Please answer the following questions as thoroughly as possible and give specific examples where appropriate. Please write legibly. You may use additional paper if more space is needed.

Please describe your camping experience (YMCA & non-YMCA, participant or staff):

Please describe your experience working with children ages 7-15:

What did you learn about children during these experiences?

Describe three areas where you can help a camper grow/develop:

Describe teams you have been a part of and your role on them:

What did you learn about yourself and groups during these team experiences?

Think of yourself as the parent of a camper. What three things would you consider most important when deciding whether or not to sign your child up for this camp.

What education, training or experience do you have that you think will help better prepare you for this job? Please describe how it will help you.

At the end of the summer we send program evaluations home to parents that ask for feedback about their child's experience. If you are hired as a cabin leader, what will be written about the children's experiences with you and their cabin group:

Please check those items you are certified in:

Adult CPR     CPR for child/infant     First Aid     Advanced First Aid  
 Lifeguard Training     Swim Instructor/WSI     Class B Drivers License

Do you anticipate getting any other certifications above prior to summer 2019? \_\_\_\_\_ If so, which ones?

Please list other applicable certifications you hold, or relevant trainings you have participated in:

Please put a 1 by activities you can lead, 2 by activities which you have some skills in and can assist with and 3 by activities you have a little experience with and would like to learn more about.

Crafts     Nature     Swimming     Singing     Drama  
 Basketball     Soccer     Baseball     Hiking     Group Games

Please list any other activities/skills you are comfortable leading

Please return completed application and questionnaire as soon as possible, to: YMCA Overnight Camps, c/o The YMCA at Camp Arroyo, 5535 Arroyo Rd., Livermore, CA 94550 or fax to (925)455-7977 or email to [wmann@ymcaeastbay.org](mailto:wmann@ymcaeastbay.org). Interviews will begin in December and continue until all positions are