

Name _____ Date _____



2024 Lakeland Hills Family YMCA DAY CAMP STAFF
100 Fanny Road, Mountain Lakes, NJ 07046
(973) 334-2820

	Eight Week Commitment	June 24 – August 16 (no camp July 4)	39 Day Commitment
	Nine Week Commitment (Vacation Camp)	June 24 – August 23 (no camp July 4)	44 Day Commitment
	_____ Week Commitment	Indicate dates NOT available:	

	Camp Counselor	8:00 am – 3:30 pm**	33.75 hours per week
	Camp Counselor	9:00 am – 5:30 pm**	38.75 hours per week
	Travel Sports Counselor Session 1: Counselor 6/24-7/5 Session 2-4: Sports Counselor 7/8-8/16	8:00 am – 3:30 pm**	33.75 hours per week
	Esports Counselor	8:00 am – 3:30 pm**	33.75 hours per week
	Camp Academy Counselor	8:00 am – 3:30 pm**	33.75 hours per week
	Inclusive Camp Counselor	8:00 am – 3:30 pm**	33.75 hours per week
	Junior Counselor	8:00 am – 3:30 pm**	33.75 hours per week
	LIT (Leaders in Training)/ Teen Travel Counselor	8:00 am – 3:30 pm***	36 hours per week

	Activity Leaders	8:00 am – 4:00 pm <i>Plus 8 closing nights for the summer</i>	40 hours per week
	CIT (Counselors in Training)/ Coordinator	8:00 am – 3:30 pm	37.5 hours per week
	Health Office Administrator	8:00 am – 3:30 pm	37.5 hours per week
	Office Manager	8:30 am – 4:00 pm	37.5 hours per week
	Camper Care Team Member	8:30 am – 3:30 pm	35 hours per week
	Program Coordinator	7:45 am – 12:45 pm	25 hours per week

Online Redwoods Trainings	Completed no later than June 10	All assigned modules
Camper Care Team Training	Monday, June 10	4:30pm-6:30pm
Junior Divisions Staff Training	Tuesday, June 11	4:30pm-7:30pm
Senior Divisions Staff Training	Wednesday, June 12	4:30pm-7:30pm
Program Coordinator Training	Thursday, June 13	4:30pm-7:00pm
All Staff	Saturday, June 15	10:00am - 4:00pm

**45 minutes less for unpaid lunch break (5 days/week).

***45 minutes less for unpaid lunch break (2 days/week).

APPLICANT INFORMATION

NAME _____ EMAIL ADDRESS _____
Last First Middle initial

ADDRESS _____
Street city state zip code

TELEPHONE _____ CELL PHONE _____

ARE YOU EITHER 18 YEARS OF AGE OR OLDER? YES _____ NO _____
IF NOT, YOU WILL BE REQUIRED TO FURNISH WORKING PAPERS UPON HIRE.

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN WHO IS AUTHORIZED TO WORK IN THE U.S.?
YES _____ NO _____

EMPLOYMENT DESIRED

POSITION(S) FOR WHICH YOU ARE APPLYING: _____

DATE OF AVAILABILITY _____

ARE YOU AVAILABLE TO WORK OVERTIME? YES _____ NO _____
(YOU ARE NOT REQUIRED TO ACCOUNT FOR THE NEED FOR TIME OFF DUE TO RELIGIOUS PREFERENCE.)

BACKGROUND

HAVE YOU PREVIOUSLY WORKED FOR ANY YMCA? _____

IF YES, WHEN AND YMCA NAME AND ADDRESS. _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THIS COMPANY? _____

WHEN? _____

IN WHAT POSITION? _____

PLEASE DESCRIBE YOUR ROLE _____

DO YOU HAVE ANY PENDING CHARGES OR HAVE YOU EVER PLED GUILTY OR BEEN CONVICTED OF A CRIME, FELONY, DISORDERLY PERSONS OFFENSE, DRUNK DRIVING OFFENSE OR OTHER VIOLATION OF LAW? (DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT). YES _____ NO _____

ANSWERING YES TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT BUT WILL BE CONSIDERED IN RELATION TO THE POSITION SOUGHT.

PLEASE DESCRIBE THE NATURE OF THE CONVICTION, THE DATE OF THE CONVICTION AND YOUR REHABILITATION SINCE YOUR CONVICTION.

PLEASE ATTACH RESUME OR COMPLETE EDUCATION SECTION

EDUCATION	SCHOOL NAME & ADDRESS	MAJOR OR COURSE OF STUDY	HIGHEST GRADE LEVEL COMPLETED
HIGH SCHOOL			
COLLEGE			
GRADUATE			
OTHER			

ATTACH 4 REFERENCES OR INCLUDE BELOW (INCLUDE ONE FAMILY MEMBER)

<u>Name/Occupation</u>	<u>Relationship</u>	<u>Phone Number & Email</u>

FORMER EMPLOYERS

PLEASE ATTACHED RESUME OR COMPLETE WORK EXPERIENCE SECTION LIST BELOW YOUR WORK EXPERIENCE (STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER) FOR THE LAST FIVE YEARS OR YOUR LAST THREE EMPLOYERS; USE THE REVERSE SIDE OF THE APPLICATION IF YOU NEED ADDITIONAL SPACE.

PLEASE ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT IN THIS SECTION.

DATE EMPLOYED	COMPANY NAME, ADDRESS & PHONE # OF EMPLOYER	NAME OF SUPERVISOR	STARTING POSITION	ENDING POSITION & SALARY	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? YES _____ NO _____

PLEASE LIST ANY OTHER JOB-RELATED EXPERIENCE, SKILLS, OR ACTIVITIES, INCLUDING UNITED STATES MILITARY SERVICE EXPERIENCE, NOT DESCRIBED ABOVE, WHICH YOU WOULD LIKE US TO CONSIDER IN EVALUATING YOUR QUALIFICATIONS FOR THE POSITION SOUGHT. (YOU ARE NOT REQUIRED TO LIST ANY INFORMATION WHICH MAY TEND TO REVEAL A PROTECTED CHARACTERISTIC AS SET FORTH IN THE EEO STATEMENT BELOW.)

APPLICANT'S STATEMENT

I certify that all information I have provided to apply for and secure work with the YMCA is true, complete, and correct, and I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the YMCA's service, whenever it is discovered.

Initial _____

I expressly authorize, without reservation, the YMCA, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive all rights and claims I may have regarding the YMCA, its agents, employees, or representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me. I am aware that I have the right to make a written request for disclosure of the nature and scope of any report that may be ordered.

Initial _____

I understand upon offer of employment, the YMCA will conduct a criminal background check prior to and during my employment as well as a child abuse registry check and I am subject to random, accident follow-up, and for cause drug testing, as well as post offer drug screening contingent on employment.

Initial _____

I am not a child molester, abuser, or pedophile; and have not been accused of being a molester or abuser.

Initial _____

I understand that the YMCA does not discriminate in hiring or employment based on race, color, veteran's status, religious creed, national origin, sex, ancestry, or age; or based on a handicap not limiting the applicant's ability to perform satisfactorily the job available. The YMCA will give this application every reasonable consideration. However, in accepting it, the YMCA makes no commitment of employment to the applicant.

Initial _____

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the YMCA and still wish to be considered for employment, it may be necessary to reapply and fill out a new application. Employment with the YMCA is employment at will which means that employees may end their employment at any time, for any reason; and that the employer (the YMCA) may terminate employees at any time for any reason, with or without cause.

Initial _____

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard, and I certify that I have read, fully understand, and accept all terms of the foregoing applicant statement. **Do not sign until you have read and initialed the above statements.**

LAKELAND HILLS FAMILY YMCA IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL NOT DISCRIMINATE ON THE BASIS OF ANY LEGALLY PROTECTED STATUS.

THE YMCA MAINTAINS A ZERO TOLERANCE FOR CHILD ABUSE AND/OR SUBSTANCE ABUSE. CRIMINAL BACKGROUND CHECKS WILL BE CONDUCTED. SCREENING TESTS FOR ALCOHOL AND ILLEGAL DRUG USE MAY BE REQUIRED BEFORE HIRING AND DURING EMPLOYMENT

Date **Signature of applicant or parent/guardian if applicant is under 18 years of age**

AFTER DISCUSSING THE POSITION FOR WHICH YOU HAVE APPLIED WITH A LAKELAND HILLS FAMILY YMCA REPRESENTATIVE AND/OR REVIEWING THE ASSOCIATED JOB DESCRIPTION, PLEASE ANSWER THE FOLLOWING QUESTION:

ARE YOU ABLE TO PERFORM ALL OF THE JOB FUNCTIONS?

YES _____ **NO** _____

EMAIL COMPLETED APPLICATION TO ANDREW LOMAURO, ANDREW@LHYMCA.COM