

CAMP JORDAN EMPLOYMENT APPLICATION

	Background Information						
Last Name	First Name Middle Initial				Date Of Application		
Street Address				Home Phone ()			
City, State, Zip					How Lor	ng At Present Address	
Pos	ition Applying For		Employed By The Bango	or YMCA?	Wages Desired		
Were You Previousl	ly Employed By Any()YM/()YW? ate(s):		No Yes Department:			Date Available To Start Work	
	You Like To Apply For: Part Time Temp. or Seasonal		Hours & Day	s Available F	For Work		
		Education &	 Training				
School	School Name/Location	Course Of Study	# Yrs. Completed	Did You	Graduate	Degree/Diploma?	
High School							
College or University							
Trade School or Other							
Please list any other education, training, special skills or certificates that you possess which are relevant to the position for which you have applied:							
Additional Employment Related Information							
Please list any relatives or friends working for the Bangor Y:							
Are you eligible to be lawfully employed in the United States? () yes () no (Proof of citizenship or immigration status required upon employment.)							
If you are under the age of 18, can you provide proof of work eligibility? () yes () no							
Have you been convicted of a crime or pled NOLO, or no contest? () yes () no If yes, please describe:							
Is there a criminal action pending against you? () yes () no If yes, please describe:							

We are an Equal Opportunity Employer. We comply with all applicable federal, state, and local laws concerning discrimination in employment. No question in this application in intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

Work Experience - Please list beginning with the most recent.				
Company Name	Type Of Business	Phone Number		
Address	Employed (month/year) From:	To:		
Name/Title of Supervisor	May We Contact? () yes () no			
State last job title & describe your work:	Wages Rteatsibe:For Leaving:	Last:		
	_			
Company Name	Type Of Business	Phone Number		
Address	Employed (month/year) From:	To:		
Name/Title of Supervisor	May We Contact? () yes	() no		
State last job title & describe your work:	Wages Rtatible:For Leaving:	Last:		
	-			
Company Name	Type Of Business	Phone Number		
Address	Employed (month/year) From:	To:		
Name/Title of Supervisor	May We Contact? () yes	() no		
State last job title & describe your work:	Wages ସ୍ଲିକ୍ଷେଡ଼ିଆ For Leaving:	Last:		
	-			
References - Persons not related to you, other	than listed above			

References - Persons not related to you, other than listed above				
Name	Title	Business/Personal	Phone #	Years Known
	1			

Applicant's Certification & Agreement

I certify that the answers given by me to the foregoing questions & the statements made by me in this application are correct & complete. I understand that, if I become employed by the Bangor Y, a misrepresentation or omission of fact may result in my discharge from employment.

I authorize the Bangor Y, as part of its evaluation of my suitability for employment, to contact all school officials, references and my previous supervisors to secure information concerning my skills, character and ability.

I acknowledge that the Bangor Y will not be bound by any oral representations regarding potential employment or terms of employment. Any offer of employment and any terms of such employment will be set forth in a written offer to the candidate.

I understand that, if I am employed, I will be an at-will employee and the Bangor Y may terminate my employment at any time for any and no reason without prior notice.

I understand employment is conditioned on the successful completion of background checks, which may include criminal, Department of Motor Vehicle, sex offender registry and child protective.

Applicant's Si	ignature
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Background Information				
Last Name	First Name	Middle Initi	al	
Do you have a valid Maine driver's	license? ()Yes ()No No. Class:			
CAMP E	XPERIENCE & EXPERIEN	ICE WORKING W	ITH CHILDREN	
Camp/Facility Name			ame of Director	Phone Number
Address			ates rom:	To:
Camp/Facility Name		N	ame of Director	Phone Number
Address			ates rom:	To:
Camp/Facility Name		N	ame of Director	Phone Number
Address			ates rom:	To:
	Supplemental	Information		
Write a brief biographical sketch: ind	clude camping experience and training/e		hich might have a beari	ng on this application.
What character qualities do you pos	sess that would be particularly useful as	a staff member?		
What should a child receive from the	eir experience at Camp Jordan?			
What has been your most memorab	le moments (good or bad) working with c	children?		
List any skills you possess that wou	ld be useful at camp:			
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	Camp Skills					
In the following list, put numeral "1" before those activities you can teach as an expert, "2" before those						
activities you can assist in teach	ing, or a "3" before those t	hat you are interested in lea	arning about.			
Aquatic Skills	Arts/Crafts	Music	Maintenance			
Canoeing	Acting	Lead Songs	Carpentry			
White Water Canoeing	Story Telling	Play Guitar	Plumbing			
Kayaking	Directing	Other Instruments)	Electrical			
Swimming	Skits					
Snorkeling	Painting	<u>Sports</u>	Office Skills			
Wind Surfing	Drawing	Soccer	Typing			
Water Polo	Photography	Basketball	Computer			
Sailing	Crafts	Softball	Microsoft Office			
Water Skiing		Volleyball	Database Applications			
Lifeguarding		Tennis	Accounting			
	Ropes Course/Rock C	Lacrosse	EX Camp			
Camp Craft	Initiatives	New Games				
Fire Burning	Low Ropes		<u>Miscellaneous</u>			
Map & Compass	High Ropes	Tripping Skills	Campfire Program			
Low Impact Camping	Rock Climbing	Canoe Tripping	Evening Program			
Outdoor Cooking	Belaying	Hiking/Camping	Foreign Language			
Environmental Education	Repelling	Wilderness	Special Events			
Shelter Building		Search & Rescue	Sign Language			
	Target Sports	Menu Planning	Juggling			
	Riflery	Mountain Biking				
	Archery					
CERTIFICATIONS: Please list	your current certifications,	including type (ex: Lifeguar	d, CPR, EMT), the			
certifying agency (ex: Red Cross	s, Wilderness Medical Ass	ociates), and expiration date	е			
Туре	Agency		Expiration Date			
	forance (1.2.2 ate.) the ne	aition for which you fool you	would be qualified for			
Please NUMBER in order of pre and would like to apply for:						
Sr. Leader	Asst. Wa	terfront Director				
Jr. Leader		Trip Director				
CIT Director						
	Program Aid Health Officer					
Assistant Director	<u> </u>					
Waterfront Director	Office Sta	•				
	0					