



Dear Primetime Applicant,

The YMCA of Burlington and Camden County offers a wide variety of Primetime locations for school aged children in Burlington and Camden Counties. As a result we have many opportunities for seasonal employment.

Minimum Qualifications for Primetime Employment:

- Must be at least 16 years of age.
- Must be able to pass a Criminal History Check (employees 18 years of age and older); Fingerprinting, Child Abuse Record Information Check and Child Abuse Prevention (CAP) Training

There are a number of Primetime Positions:

- **Site Supervisor:** Must be at least 21 years of age and possess a high school diploma and/or CDA. Responsible for the overall daily operation of a Primetime Program. Job responsibilities include but are not limited to participant safety, parent interaction, planning and implementation of daily activities, management of staff, fundraising, and training. Must be able to work both AM and PM Primetime Program. Site Supervisor levels and salaries are dependent upon level of education, experience with children, childcare and licensing knowledge, and Primetime site size.
- **Site Aide:** Must be at least 16 years of age. Job Responsibilities include but not limited to participant safety, participant discipline, carrying out daily activities or duties assigned by the Site Supervisor. Site aide levels and salaries are dependent upon level of education, experience with children, and childcare and licensing knowledge.
- **Enrichment Teacher:** Must be at least 18 years of age. Must have strong background and knowledge of the enrichment activity. Must be able to instruct participants of various sizes on the basics of the enrichment activity. (i.e. Karate, Yoga, Dance, Chess) Class sizes are dependant on the site location.

If you wish to apply for a Primetime position you must submit a complete application. A completed application includes:

1. Application with completed question/essay form
2. Four personal references (minimum 3 professional and 1 family member)

Incomplete Applications will not be considered. Completed applications may be returned to either the Mt Laurel or Riverfront YMCA Branch Welcome Centers. "Mark the envelope: **School Aged Child Care Director**". If your qualifications are a match with our requirements, you will be contacted by a School Aged Childcare Director to set up an interview.

Thank you for your interest and good luck!



**YMCA OF BURLINGTON AND CAMDEN COUNTY**

**Mt. Laurel Branch**

59 Centerton Road. Mount Laurel, New Jersey 08054. (856) 234-6200

**Riverfront Branch**

302 Commerce Square Boulevard. Burlington, New Jersey. (609) 543-6200

# Application for Employment

(PLEASE PRINT)

<b>Position(s) Applied for</b>	<b>Branch Preferred</b>	<b>Date of Application</b>
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Y Brochure or Program
	<input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		

If you are under 18 years of age can you provide required proof of your eligibility?  Yes  No  
 Have you ever filed an application with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed:  Yes  No  
 May be contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required*  
 On what date would you be available for work? \_\_\_\_\_

Are you available for work:  Full Time  Part Time  Temporary From \_\_\_\_\_ To \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall?  Yes  No  
 Can you travel if a job requires it?  Yes  No

Have you been convicted of, plead guilty or no contest to, any crime or felony?  
*Conviction will not necessarily disqualify an applicant. If you accept a position with the YMCA, you must immediately disclose any conviction, plea of guilty or no contest to the Human Resources Department.*

If Yes, please explain \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**The YMCA of Burlington and Camden County ("YMCA") considers applicants for all positions without regard to race, color, religion, creed, marital or domestic partner status, civil union, gender, gender identity or expression, sexual or affectional preference, national origin, ancestry, age, physical or mental disability, citizenship, veteran status, genetic information, atypical hereditary or cellular blood trait, or other trait or classification in violation of federal or state discrimination laws ("protected class"). Further, the YMCA does not discriminate based upon association with a person who is a member of a protected class.**

# Education

	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location			
Years Completed ( <i>please circle</i> )	9    10    11    12	1    2    3    4	1    2    3    4
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
Describe any honors			
State any additional information you feel may be helpful to us in considering your application.			

Indicate any foreign languages you can speak, read and/or write (optional)			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

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# References

Give name, address and telephone number of three references who are not related to you:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States Military?

Yes  No

If yes, please describe \_\_\_\_\_

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
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	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

## **Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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PLEASE READ THE STATEMENTS BELOW CAREFULLY. **UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED BY THE YMCA.** YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND AND AGREE WITH THE FOLLOWING:

I give the YMCA the right to make a thorough investigation of any of the information I have provided and to perform reference checks. These investigations may involve contact with my family, current and former employers, business associates, employees and neighbors as well as others with whom I am acquainted and public authorities. My signature below authorizes the YMCA to obtain complete information concerning my employment, academic transcripts, service records, other information provided by me or desired by the YMCA. The information requested may include inquiries regarding my work habits, other related activities, abilities, character, the cause of my separation(s) from employment or volunteer positions and inquiries concerning any conviction(s) or felonious act(s). This authorization shall include but not be limited to the release of any criminal history record information maintained by the New Jersey State Police State Bureau of Identification for the purposes of determining my qualifications for employment, volunteer work or other performance of services.

If I accept a position with the YMCA, as an employee, I understand that I must reimburse the YMCA for the costs of any background checks.

I release each of the references listed by me, any other individuals or entities and the YMCA from any liability for damages which might result from the furnishing, requesting, verifying, checking, obtaining or using any of the foregoing types of information, documents, attachments or other submissions. I understand that I must execute this application and any other requested releases related to the above information in order to be considered for any position with the YMCA.

I understand that the YMCA strictly prohibits the disclosure of any personal information concerning its employees, or individuals who make use of its facilities and I agree to will immediately advise the Human Resources Department of all such inquiries and direct the inquirer to the Human Resources Department.

I understand and agree that in the event I perform any type of services for the YMCA as either an employee I will comply with the policies, rules, regulations and procedures of the YMCA.

I understand that any employment or volunteer status with the YMCA is "at will," which means the relationship can be terminated by the YMCA or myself at any time, for any reason, with or without cause, and with or without prior notice.

The YMCA retains the right to terminate any employee or reject any application if at any time the YMCA learns that the information provided within your application or during any interview is false or misleading.

I certify that the information provided on this application and any attachments or additional submissions is true complete and accurate under penalty of law.

**Please note:** this application shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at this time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR HUMAN RESOURCES DEPARTMENT USE ONLY**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
NAME AND TITLE

\_\_\_\_\_  
DATE

**Applicants:** Please sign the waiver on the reverse side of this form. Give the signed reference form (two pages) to your reference asking them to fill it out completely and mail it to the address on the back. Three different references are required, one of which must be a relative. Employment will not be offered until all three references have been received by the Program Branch office.

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

How well do you know this person?

- Acquaintance only    Fairly Well    Very Well

Does the applicant deal well with responsibilities and day-to-day problems?

- Rarely    Sometimes    Usually    Almost always

Would the applicant conscientiously assume responsibility for guiding a child's growth?

- Might not    Sometimes    Usually    Constantly    Don't know

Would you be happy to have this person as your child's counselor?

- No    Yes    Please elaborate: \_\_\_\_\_

\_\_\_\_\_

Do you know of any reason why this person might not serve well on a child-care staff?

- No    Yes    Please elaborate: \_\_\_\_\_

\_\_\_\_\_

The YMCA is committed to building character in our staff and the people we serve, specifically the values of Honesty, Caring, Respect and Responsibility. Please comment on the applicant's character relative to:

Honesty: \_\_\_\_\_

\_\_\_\_\_

Caring: \_\_\_\_\_

\_\_\_\_\_

Respect: \_\_\_\_\_

\_\_\_\_\_

Responsibility: \_\_\_\_\_

\_\_\_\_\_

**THIS FORM IS TWO-SIDED, PLEASE CONTINUE**

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Put an "X" in the box that best rates your opinion. **10 strongly agree** through **1 strongly disagree**, or DNK (do not know). *Based on your experiences with the applicant, you feel that he/she is:*

	10	9	8	7	6	5	4	3	2	1	DNK
Willing to cooperate with others											
Alert and shows good judgment											
Emotionally mature for his/her age											
Able to see tasks through to completion											
Neat in personal appearance											
Able to be a positive role model to youth											
A self-starter and shows initiative											
Caring and patient with children											
Capable of assuming leadership in groups											
Able to get along with peers											
Able to follow instructions and procedures											
Able to accept guidance											
Tactful in relation to others' feelings											
Dependable											

**Information about the person providing this reference:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ E-mail \_\_\_\_\_  
 Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Years Known \_\_\_\_\_

**REFERENCE'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

Thank you for taking the time to evaluate our applicant. Your insights are highly respected and well noted. Thank you also for your prompt return of your reference form(s), as the applicant's request for employment cannot be processed further without your response.

**APPLICANT'S WAIVER**

I, the undersigned applicant, **do waive** my right or review of this recommendation. I understand that the contents are confidential and will not be available to me now or in the future.

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

Return reference form(s) to:  
 YMCA of Burlington and Camden County  
 C/O Program Branch  
 302 Commerce Square Blvd  
 Burlington NJ, 08016  
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- Might not    Sometimes    Usually    Constantly    Don't know

Would you be happy to have this person as your child's counselor?

- No    Yes    Please elaborate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any reason why this person might not serve well on a child-care staff?

- No    Yes    Please elaborate: \_\_\_\_\_  
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Respect: \_\_\_\_\_  
\_\_\_\_\_

Responsibility: \_\_\_\_\_  
\_\_\_\_\_

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- No     Yes     Please elaborate: \_\_\_\_\_  
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Responsibility: \_\_\_\_\_  
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<b>Primetime Application Essay and Short Answer Questions</b>
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Applicant's Name: \_\_\_\_\_

**Applicants:** *Answer the following questions as complete as possible. You may use additional sheets of paper to answer the questions. Primetime applications received without the Application Essay and Short Answer Questions will be considered incomplete and not be eligible for the Primetime interview process.*

**1. Describe your professional experience, specifically work in before/afterschool programs.**

**2. Describe your experience working with parents, volunteers, students, and staff.**

**3. What are some key components of quality before/afterschool programs? And what would parents see and hear each day that would assure them of quality programming?**

**4. Describe a proper atmosphere for a before/afterschool program?**

**5. How would others describe your leadership abilities? What descriptors would they use and why?**

**6. Do you have commitments that would prevent you from attending meetings/workshops, etc. outside your designated work hours?**

**7. What makes you the best candidate for this position?**

**8. What are the core values of the YMCA?**

