



CYO and Community Services

812 Biruta Street, Akron, Ohio 44307-1104 www.akroncyo.org
(330) 762-2961, Fax (330) 762-2001, 1-800-CYO-CAMP



Mission Statement

CYO and Community Services is a partnership of youths, adults and parishes, rooted in Catholic values, committed to fostering a culture of community services, and dedicated to serving the young, the disabled, the elderly and the poor.

Dear Applicant:

Thank you for your interest in applying for a position at CYO and Community Services. Attached you will find a CYO Employment Application and 3 (three) Reference forms. Please note the following:

Employment Application:

1. **All new hires and re-hires must complete an employment application.**
2. Please use your full legal name.
3. Include a working email address on the application that you are able to access. Whenever possible we would like to communicate with our staff via email.
4. If you would like to view a brief description of CYO's programs and positions please go to the CYO website @ www.akroncyo.org/jobopportunities/
5. Mail application to: CYO, Attn: HR, 812 Biruta St., Akron, OH 44307 -1104.

Reference Forms:

1. If you were employed at CYO anytime after January 2005 you do not need to re-submit references and may skip the remainder of this section.
2. Please use your full legal name.
3. You (the applicant) will complete the top portion (Section I) of the reference forms.
4. You will then give the reference forms to your reference providers to finish completing (Section II, III & IV).
5. Professional references are preferred.
6. If you have never been employed before references will be accepted from teachers, ministers/youth ministers from your parish/church, coaches or adult leaders from your extra curricular activities.
7. Please encourage your reference providers to forward the completed reference forms right away. Employment is contingent upon all 3 (three) references verified by the Human Resource department.
8. You or your reference provider will mail or fax the completed forms directly to CYO's Human Resource department at:

CYO and Community Services
Attn: HR References
812 Biruta Street
Akron, OH 44307
Or
Fax to: 330.762.2001

Please feel free to contact the Human Resource department at www.kausel@clevelandcatholiccharities.org (subject: CYO Employment) or 330.762.2961 ext. 221 with any questions or concerns.

Again thank you for your interest in working at CYO and Community Services.

Adult Day Services (762-2000)

Recreation Programs for Persons with Disabilities

Athletics (374-8326)

Camp Christopher (376-2267)

Youth and Young Adult Ministry

Additional financial support is provided in part by: Area Agency on Aging - 10B, Inc., Barberton Area United Way, City of Akron, County of Summit Board of Mental Retardation and Development Disabilities, Summit County and Ohio Departments of Job and Family Services, United Way of Summit County, foundations and contributions.



Application For Employment

CYO and Community Services

812 Biruta Street, Akron, OH 44307-1104

PLEASE PRINT

(330) 762-2961

www.akroncyo.org

CYO considers Applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

Date:	Position(s) Applying For:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Volunteer	Salary Desired:
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For Seasonal Applicants. Please indicate which department you are applying for: **CHECK 1 DEPARTMENT ONLY**

Day Camp at Camp Christopher
 Resident Camp at Camp Christopher
 Environmental Education
 Summer Recreation (Day Camp for Individuals with Special Needs/Multiple sites throughout Summit Co.)

Dates available for employment: From: _____ To: _____

How Did You Learn About Position?
 CYO Website
 Akron Beacon Journal
 Akron Summit Comm. Action Agency
 NAACP
 Akron Urban League
 Senior Employment Center
 Rehire
 Friend
 Other _____ (Describe)

Last Name	First Name	Middle Name
Home Address Street	City	State Zip Code Phone
Present Address Street	City	State Zip Code Phone
Home email	Other email	Social Security Number

CYO prefers to hire staff that are tobacco free. Do you use tobacco? Yes No

Are you 18 years of age or older? Yes No If No, birth date: _____

Are you legally authorized to work in the United States? Yes No

If yes, will you now or in the future require sponsorship in order to retain authorization to work in the U.S.? Yes No

Have you ever been employed by CYO before? Yes No

If Yes, give date: _____ Position: _____ Supervisor: _____

Are you currently employed or on "lay-off" status and subject to recall? Yes No

List relatives and personal acquaintances employed by CYO: _____

Have you been convicted of any violation of the law (except minor traffic violations)? Yes No

Conviction of a crime will not automatically disqualify anyone from employment. Each case is evaluated on an individual basis and reviewed in terms of, among other considerations, the nature and the severity of the crime, when it occurred and the position sought by the applicant.

Nature of Offense	Date of Offense	Jurisdiction of Offense	Disposition
1.			
2.			
3.			

Have you lived outside Ohio anytime (including school) during the past 5 years? Yes No

Are you available to work: Evenings Yes No Weekends Yes No

How soon after notification can you report? _____

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College/University				
Other School (Technical, Vocational, Graduate)				
List any Scholarships, Academic Honors, Awards or Special Achievements:				

Employment History

Starting with your most recent or current employer, list in consecutive order all employment

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

OTHER QUALIFICATIONS

Do you have a valid Ohio Driver's License? _____ Yes _____ No

Do you have a Professional License? _____ Yes _____ No If yes, please describe: _____

Have you ever had your professional license revoked, suspended or have charges ever been brought against you regarding such license? _____ Yes _____ No

If yes, please explain: _____

Summarize special job-related skills, qualifications and certifications (lifeguard, first aid, etc.) acquired from employment or other experiences, especially those pertinent to the position you are applying for:

Describe any specialized training, U.S. Military training, apprenticeships, skills, talents, hobbies and extra-curricular activities:

List professional, trade, business or civic activities and offices held. Please include volunteer experiences.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

What foreign language(s) do you speak, read or write fluently?

CERTIFICATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that any false or incomplete information shall be sufficient cause for rejection of application.

I hereby give CYO and Community Services permission to contact any and all former employers, associations, educational institutions, law enforcement agencies and other individuals and agencies they find necessary in determining my eligibility for employment. Also I will not hold any of the above, nor individuals employed by the above, liable for furnishing the information requested and waive my right to receive written notice of any such information provided. I understand that because of the nature of CYO and Community Services business, if selected, I will be subject to a thorough background investigation. Any offer of employment is conditional upon satisfactory completion and favorable results of reference checks, verification of employment experience, criminal background review and drug and/or alcohol screening and other pertinent employment information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I will comply with all policies set forth in the personnel manual and with other policies that may be established or amended from time to time during my employment with the agency.

CYO and Community Services is a partnership of youths, young adults and parishes, rooted in Catholic values, committed to fostering a culture of community service and dedicated to serving the young, the disabled, the elderly and the poor. As an employee I will cooperate in the fulfillment of this mission.

I acknowledge that any offer of employment or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause and with or without prior notice, at any time, at the option of CYO or myself. If employed, I understand that I will be an employee "at will" and either CYO or I may terminate my employment relationship at anytime with or without cause and without prior notice. I understand that application and any other documents, which I may receive, are not contracts of employment. I further understand that no representative of CYO other than the Executive Director has any authority to enter into any agreement for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment and that any such agreement or assurance must be in writing and signed by the Executive Director.

Signature of Applicant

Date

Signature of Parent or Legal Guardian

Date

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period must complete a new application.

FOR OFFICE USE ONLY

Arrange Interview: _____ Yes _____ No

Date of Interview: _____

Employed: _____ Yes _____ No

Date of Employment: _____

By: _____

Hourly Rate: _____

Date: _____



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Reference Letter #1

Dear Reference Provider,

The individual named in the form enclosed has made application with CYO and Community Services for a position within our agency, and has given us your name as a personal/employment reference. We would appreciate any information you might be able to provide us about this individual's capabilities and character.

The applicant's employment is contingent upon all reference forms received and confirmed by CYO.

Please complete all questions/sections that apply to you. If a question is not applicable please indicate with an N/A. After CYO receives the reference, someone from the office will call to confirm the information that you provided.

Please return completed reference forms directly to CYO. An early reply will enable us to reach a decision promptly and any information furnished will, of course, be considered confidential.

Forward forms to:
CYO and Community Services
Attn: HR Reference
812 Biruta St
Akron, OH 44307

Thank you for your time.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Kimberly Ausel'.

Kimberly Ausel
Human Resource Manager

Adult Day Services (762-2000)

Recreation Programs for Persons with Disabilities

Athletics (374-8326)

Camp Christopher (376-2267)

Youth and Young Adult Ministry

Additional financial support is provided in part by: Area Agency on Aging - 10B, Inc., Barberton Area United Way, City of Akron, County of Summit Board of Mental Retardation and Development Disabilities, Summit County and Ohio Departments of Job and Family Services, United Way of Summit County, foundations and contributions.



**CYO and Community Services
REFERENCE VERIFICATION**

Reference Form #1

THIS SECTION TO BE COMPLETED BY APPLICANT

SECTION I.

Applicant Name: _____

Reference Name: _____ Title: _____

Company: _____ N/A: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone Number: (____) _____ Alternate Number:(____) _____

Dates of Service/Employment: From: _____ To: _____ Salary: _____ N/A _____

Position Held: _____ N/A _____


Responsibilities: _____ N/A _____

Relationship to reference provider (employer, friend, work associate, etc.): _____

How long have you known this person?

I am seeking to enter into employment with CYO and Community Services as a (position applying for) _____ . I hereby give CYO my permission to conduct reference checks. I hereby consent to your release of information about me and would appreciate you furnishing CYO with as much as the information requested as possible. I understand that any information you may give will be treated confidentially. I also unconditionally release from all liability you, CYO and all other persons, entities and sources that provide information about me.

Applicant Signature: _____ Date: _____



THIS SECTION TO BE COMPLETED BY REFERENCE PROVIDER

SECTION II.

Is the above information correct: YES: _____ NO: _____

If NO, please supply the correct information: _____

Why did this employee/volunteer leave your company? _____ N/A: _____

Would you re-hire this individual? YES: _____ NO: _____ N/A: _____

Please Comment: _____

Would you feel comfortable allowing the applicant to care for your child(ren)? YES: _____ NO: _____

Please Comment: _____

SECTION III.

REFERENCE PROVIDER: PLEASE COMPLETE THE FOLLOWING BASED ON YOUR EXPERIENCE WITH THE APPLICANT

	POOR	FAIR	AVERAGE	VERY GOOD	EXCELLENT	NOT APPLICABLE
Quality of Work						
Quantity of Work						
Honesty						
Attendance						
Tardiness						
Dependability						
Suitable for Position						
Cooperativeness w/Supervisor						
Cooperativeness w/Co-Workers						
Job Performance						
Stability in Stressful Situations						
Personal Appearance						
Initiative						
Creativity						

SECTION IV.

REFERENCE PROVIDER: PLEASE COMPLETE THE FOLLOWING BASED ON YOUR EXPERIENCE WITH THE APPLICANT

Do you believe the applicant to possess a high moral character? YES: _____ NO: _____

Please Comment: _____

What are the applicants strengths? _____

What are the applicants weaknesses? _____

Additional comments: _____

Name: _____ Signature: _____ Date: _____

Please return to:
 CYO and Community Services
 Attn: Kimberly Ausel
 812 Biruta St.
 Akron, OH 44307



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Reference Letter #2

Dear Reference Provider,

The individual named in the form enclosed has made application with CYO and Community Services for a position within our agency, and has given us your name as a personal/employment reference. We would appreciate any information you might be able to provide us about this individual's capabilities and character.

The applicant's employment is contingent upon all reference forms received and confirmed by CYO.

Please complete all questions/sections that apply to you. If a question is not applicable please indicate with an N/A. After CYO receives the reference, someone from the office will call to confirm the information that you provided.

Please return completed reference forms to the applicant. An early reply will enable us to reach a decision promptly and any information furnished will, of course, be considered confidential.

Forward forms to:
CYO and Community Services
Attn: HR Reference
812 Biruta St
Akron, OH 44307

Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kimberly Ausel'.

Kimberly Ausel
Human Resource Manager

Adult Day Services (762-2000)

Athletics (374-8326)

Camp Christopher (376-2267)

Recreation Programs for Persons with Disabilities

Youth and Young Adult Ministry

Additional financial support is provided in part by: Area Agency on Aging - 10B, Inc., Barberton Area United Way, City of Akron, County of Summit Board of Mental Retardation and Development Disabilities, Summit County and Ohio Departments of Job and Family Services, United Way of Summit County, foundations and contributions.



THIS SECTION TO BE COMPLETED BY APPLICANT

SECTION I.

Applicant Name: _____

Reference Name: _____ Title: _____

Company: _____ N/A: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone Number: (____) _____ Alternate Number:(____) _____

Dates of Service/Employment: From: _____ To: _____ Salary: _____ N/A _____

Position Held: _____ N/A _____

Responsibilities: _____ N/A _____

Relationship to reference provider (employer, friend, work associate, etc.): _____

How long have you known this person?

I am seeking to enter into employment with CYO and Community Services as a (position applying for) _____ . I hereby give CYO my permission to conduct reference checks. I hereby consent to your release of information about me and would appreciate you furnishing CYO with as much as the information requested as possible. I understand that any information you may give will be treated confidentially. I also unconditionally release from all liability you, CYO and all other persons, entities and sources that provide information about me.

Applicant Signature: _____ Date: _____



THIS SECTION TO BE COMPLETED BY REFERENCE PROVIDER

SECTION II.

Is the above information correct: YES: _____ NO: _____

If NO, please supply the correct information: _____

Why did this employee/volunteer leave your company? _____ N/A: _____

Would you re-hire this individual? YES: _____ NO: _____ N/A: _____

Please Comment: _____

Would you feel comfortable allowing the applicant to care for your child(ren)? YES: _____ NO: _____

Please Comment: _____

SECTION III.

REFERENCE PROVIDER: PLEASE COMPLETE THE FOLLOWING BASED ON YOUR EXPERIENCE WITH THE APPLICANT

	POOR	FAIR	AVERAGE	VERY GOOD	EXCELLENT	NOT APPLICABLE
Quality of Work						
Quantity of Work						
Honesty						
Attendance						
Tardiness						
Dependability						
Suitable for Position						
Cooperativeness w/Supervisor						
Cooperativeness w/Co-Workers						
Job Performance						
Stability in Stressful Situations						
Personal Appearance						
Initiative						
Creativity						

SECTION IV.

REFERENCE PROVIDER: PLEASE COMPLETE THE FOLLOWING BASED ON YOUR EXPERIENCE WITH THE APPLICANT

Do you believe the applicant to possess a high moral character? YES: _____ NO: _____

Please Comment: _____

What are the applicants strengths? _____

What are the applicants weaknesses? _____

Additional comments: _____

Name: _____ Signature: _____ Date: _____

Please return to:
CYO and Community Services
Attn: Kimberly Ausel
812 Biruta St.
Akron, OH 44307



CYO and Community Services

812 Biruta Street, Akron, Ohio 44307-1104 www.akroncyo.org
(330) 762-2961, Fax (330) 762-2001, 1-800-CYO-CAMP



Reference Letter #3

Dear Reference Provider,

The individual named in the form enclosed has made application with CYO and Community Services for a position within our agency, and has given us your name as a personal/employment reference. We would appreciate any information you might be able to provide us about this individual's capabilities and character.

The applicant's employment is contingent upon all reference forms received and confirmed by CYO.

Please complete all questions/sections that apply to you. If a question is not applicable please indicate with an N/A. After CYO receives the reference, someone from the office will call to confirm the information that you provided.

Please return completed reference forms to the applicant. An early reply will enable us to reach a decision promptly and any information furnished will, of course, be considered confidential.

Forward forms to:
CYO and Community Services
Attn: HR Reference
812 Biruta St
Akron, OH 44307

Thank you for your time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kimberly Ausel'.

Kimberly Ausel
Human Resource Manager

Adult Day Services (762-2000)

Athletics (374-8326)

Camp Christopher (376-2267)

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CYO and Community Services
REFERENCE VERIFICATION

Reference Form #3

THIS SECTION TO BE COMPLETED BY APPLICANT

SECTION I.

Applicant Name: _____

Reference Name: _____ Title: _____

Company: _____ N/A: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone Number: (____) _____ Alternate Number:(____) _____

Dates of Service/Employment: From: _____ To: _____ Salary: _____ N/A _____

Position Held: _____ N/A _____

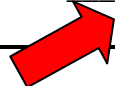
Responsibilities: _____ N/A _____

Relationship to reference provider (employer, friend, work associate, etc.): _____

How long have you known this person?

I am seeking to enter into employment with CYO and Community Services as a (position applying for) _____ . I hereby give CYO my permission to conduct reference checks. I hereby consent to your release of information about me and would appreciate you furnishing CYO with as much as the information requested as possible. I understand that any information you may give will be treated confidentially. I also unconditionally release from all liability you, CYO and all other persons, entities and sources that provide information about me.

Applicant Signature: _____ Date: _____



THIS SECTION TO BE COMPLETED BY REFERENCE PROVIDER

SECTION II.

Is the above information correct: YES: _____ NO: _____

If NO, please supply the correct information: _____

Why did this employee/volunteer leave your company? _____ N/A: _____

Would you re-hire this individual? YES: _____ NO: _____ N/A: _____

Please Comment: _____

Would you feel comfortable allowing the applicant to care for your child(ren)? YES: _____ NO: _____

Please Comment: _____

SECTION III.

REFERENCE PROVIDER: PLEASE COMPLETE THE FOLLOWING BASED ON YOUR EXPERIENCE WITH THE APPLICANT

	POOR	FAIR	AVERAGE	VERY GOOD	EXCELLENT	NOT APPLICABLE
Quality of Work						
Quantity of Work						
Honesty						
Attendance						
Tardiness						
Dependability						
Suitable for Position						
Cooperativeness w/Supervisor						
Cooperativeness w/Co-Workers						
Job Performance						
Stability in Stressful Situations						
Personal Appearance						
Initiative						
Creativity						

SECTION IV.

REFERENCE PROVIDER: PLEASE COMPLETE THE FOLLOWING BASED ON YOUR EXPERIENCE WITH THE APPLICANT

Do you believe the applicant to possess a high moral character? YES: _____ NO: _____

Please Comment: _____

What are the applicants strengths? _____

What are the applicants weaknesses? _____

Additional comments: _____

Name: _____ Signature: _____ Date: _____

Please return to:
CYO and Community Services
Attn: Kimberly Ausel
812 Biruta St.
Akron, OH 44307