

Special Skills

Describe any volunteer work, other experience, interest, training, special skills, or honors received in connection with your service to any organizations which you consider relevant to your ability to perform the job sought.

Are you fluent in a second language? Yes No If yes, please list language(s): _____

List all current special license(s), permit(s), certification(s) and level or credited hours. (CPR, lifeguard, First Aid, etc.)

Type	Level	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

WE MAKE AN ACTIVE EFFORT TO PREVENT CHILD ABUSE.

Some examples may include, but are not limited to:

- A thorough background check, including but not limited to, criminal background checks, references of past employers, personal references, the military, educational institutions, volunteer organizations, civic groups, personal character, health and activities, and random drug testing.
- Allegations or suspicions of child abuse are taken seriously and will be reported to the State for investigation.
- Programs are structured so that no staff member is left alone with children.
- Periodic interviews/evaluations with children and parents about day to day experiences, encouraging reports of anything out of the ordinary.
- Staff and volunteers will not fraternize with children outside of the programs, including baby-sitting or inviting children home.

YMCA goals:

- To support and strengthen the family unit.
- To help children develop to their fullest potential.
- To deliver the program in a positive YMCA environment of safety, support and care.

PERSONAL REFERENCES – Please list two persons who are not relatives or employers				
NAME	RELATIONSHIP TO APPLICANT	CONTACT NUMBER	POSITION OR OCCUPATION	YEARS KNOWN
FAMILY REFERENCES – Please list two family members				
NAME	RELATIONSHIP TO APPLICANT	CONTACT NUMBER	SECONDARY CONTACT #	YEARS KNOWN
LIST THE NAMES OF RELATIVES, FRIENDS OR ACQUAINTANCES EMPLOYED BY THIS ASSOCIATION AND THEIR RELATIONSHIP TO YOU:				

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the YMCA. I authorize the schools, persons, previous employers, agencies and other organizations names in this application to provide the YMCA (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at an employment decision and hereby release any such schools, persons, employers, agencies and organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be a justification for refusal of employment.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the association may either permit me to continue my employment during the notice period or may accept my resignation immediately. I understand that in the event I am employed by the YMCA, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the YMCA at the YMCA's discretion.

I also understand that, if employed, any misrepresentation made by me completing this application shall be considered as sufficient cause for my dismissal without advance notice. I authorize the YMCA to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the YMCA's policy manual or other communications distributed to employees, and understand a condition of my continued employment will be my compliance with the YMCA's controlled substance abuse and testing policy. I have read, understand and support the YMCA's position on the problem of child abuse.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and drug screening, if one is requested, to be given by a physician or registered nurse selected by the YMCA and until results of my driving record, criminal history record, reference checks, and other documents required by law are completed, and until information given by me has been verified.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read all the above statement and accept the same as a condition of my employment with the YMCA.

Signature of Applicant

Date