



# YOUNG MEN'S CHRISTIAN ASSOCIATION

## APPLICATION FOR EMPLOYMENT

(EQUAL OPPORTUNITY EMPLOYER)

**PLEASE READ BEFORE COMPLETING THIS FORM**

This association does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age, or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; but its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

POSITION APPLYING FOR: \_\_\_\_\_ DESIRED SALARY: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_  
 FULL-TIME     PART-TIME     SEASONAL    YMCA LOCATION: \_\_\_\_\_ REFERRAL: \_\_\_\_\_

### PERSONAL DATA

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST FIRST MIDDLE  
 ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP  
 PHONE #: \_\_\_\_\_ ALTERNATE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
 EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY CONTACT PHONE #: \_\_\_\_\_  
LAST FIRST  
 ARE YOU AUTHORIZED TO WORK IN THE U.S.?:  YES  NO (IF YOU ARE HIRED, YOU WILL BE REQUIRED TO FURNISH PROOF OF YOUR EMPLOYMENT ELIGIBILITY)  
 ARE YOU 18 YEARS OF AGE OR OVER?:  YES  NO | LIST OTHER NAMES USED DURING PAST EMPLOYMENT: \_\_\_\_\_  
 HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT AT ANY YMCA?:  YES  NO | HAVE YOU PREVIOUSLY WORKED FOR A YMCA?:  YES  NO  
 IF SO - WHEN?: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
 HAVE YOU FAILED TO BE REEMPLOYED, EVER BEEN INVOLUNTARILY DISCHARGED, FIRED, OR ASKED TO RESIGN FROM A POSITION?:  YES  NO  
 IF YES - GIVE DATES AND CIRCUMSTANCES: \_\_\_\_\_

### EMPLOYMENT HISTORY

CURRENT EMPLOYER: \_\_\_\_\_ SALARY (MONTHLY): START: \_\_\_\_\_ CURRENT: \_\_\_\_\_ START DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP  
 PHONE #: \_\_\_\_\_ NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
 YOUR TITLE: \_\_\_\_\_ LIST MAJOR RESPONSIBILITIES: \_\_\_\_\_  
 ANY SUPERVISORY EXPERIENCE?:  YES  NO | IF YES - DESCRIBE: \_\_\_\_\_  
 REASON FOR LEAVING, OR CONSIDERING A CHANGE: \_\_\_\_\_  
 WHAT DID YOU LIKE MOST ABOUT THIS JOB?: \_\_\_\_\_  
 WHAT DID YOU LIKE LEAST ABOUT THIS JOB?: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ SALARY (MONTHLY): START: \_\_\_\_\_ TO: \_\_\_\_\_ START DATE: \_\_\_\_\_ TO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP  
 PHONE #: \_\_\_\_\_ NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
 YOUR TITLE: \_\_\_\_\_ LIST MAJOR RESPONSIBILITIES: \_\_\_\_\_  
 ANY SUPERVISORY EXPERIENCE?:  YES  NO | IF YES - DESCRIBE: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ SALARY (MONTHLY): START: \_\_\_\_\_ TO: \_\_\_\_\_ START DATE: \_\_\_\_\_ TO: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP  
 PHONE #: \_\_\_\_\_ NAME OF IMMEDIATE SUPERVISOR: \_\_\_\_\_  
 YOUR TITLE: \_\_\_\_\_ LIST MAJOR RESPONSIBILITIES: \_\_\_\_\_  
 ANY SUPERVISORY EXPERIENCE?:  YES  NO | IF YES - DESCRIBE: \_\_\_\_\_  
 REASON FOR LEAVING: \_\_\_\_\_

EDUCATION	NAME & LOCATION	DATES ATTENDED	COURSE OF STUDY	GRADUATED?	DEGREE RECEIVED
HIGH SCHOOL					
COLLEGE					
OTHER					

## SPECIAL SKILLS & CERTIFICATIONS

DESCRIBE ANY VOLUNTEER WORK, OTHER EXPERIENCE, INTEREST, 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 - 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.

## REFERENCES

PROFESSIONAL REFERENCES   LIST TWO INDIVIDUALS FROM A WORK OR SCHOOL SETTING WHO OVERSAW YOUR WORK.				
NAME	RELATIONSHIP	E-MAIL	PHONE NUMBER	YEARS KNOWN
PERSONAL REFERENCES   LIST TWO INDIVIDUALS WHO CAN SPEAK FOR YOUR CHARACTER (MAY INCLUDE FRIENDS & FAMILY)				
NAME	RELATIONSHIP	E-MAIL	PHONE NUMBER	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 \_\_\_\_\_