



GREAT MIAMI VALLEY YMCA APPLICATION FOR EMPLOYMENT (EQUAL OPPORTUNITY EMPLOYER)

PLEASE READ BEFORE COMPLETING THIS APPLICATION

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.

(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL DATA

Date _____

Name _____
Last First Middle

Current Address _____ Telephone: Home ____/____
Street City Zip

Last Previous Address _____ Business ____/____
Street City Zip _____ to _____

Dates living at this address _____

List other cities, counties and states where you have lived/worked:

| City | County | State | No. of Years | City | County | State | No. of Years |
|------|--------|-------|--------------|------|--------|-------|--------------|
|------|--------|-------|--------------|------|--------|-------|--------------|

IN CASE OF AN EMERGENCY CONTACT:

Name _____ Address _____
Phone: Home _____ Work _____

Are you 18 years of age, or over? Yes No Are you a veteran Yes No _____
If yes, Dates of Military Service _____

Are you authorized to work in the United States? Yes No
(If you are hired, you will be required to furnish proof of your employment eligibility.)

Other names used during prior employment _____
Maiden Name, Other Surnames, Etc.

GENERAL

Applying for position as _____ Acceptable Salary Range _____

Full-time Part-time Temporary Notice Required _____

At which YMCA Branch _____ Date Available _____

If applying for seasonal work, are you available to work during the school term? Yes No

Have you previously applied for employment for any YMCA? Yes No Worked for any YMCA? Yes No

If so, when? _____ Location _____

How were you referred to the YMCA? Employee Advertisement School Drop in Agency Other

Name of referral source indicated above _____

Have you ever plead guilty to, or been convicted of a criminal offense? Yes No

A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

If yes, give dates and circumstances _____

Have you failed to be re-employed, ever been involuntarily discharged, fired or asked to resign a position?

Yes No If yes, give dates and circumstances _____

EMPLOYMENT

(List all positions you have held, beginning with your most recent. Include self-employment and volunteer work.)

Current, or last employer _____ Employed from _____ to _____

Street Address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone ____/____

Name of your direct supervisor _____ Your title _____

Briefly describe your responsibilities: _____

Any experience with children? Yes No If yes, please give description of children:

Number of Children _____ Age group _____ Sex: Male Female Both

Any experience supervising staff? Yes No If yes, describe _____

Reason(s) for terminating, or considering a change _____

What did you like most about this job? _____

What did you like least about this job? _____

May we contact this employer while we are considering your application? Yes No

Next previous employer _____ Employed from _____ to _____

Street Address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone ____/____

Name of your direct supervisor _____ Your title _____

Briefly describe your responsibilities: _____

Any experience with children? Yes No If yes, please give description of children:

Number of Children _____ Age group _____ Sex: Male Female Both

Any experience supervising staff? Yes No If yes, describe _____

Reason(s) for terminating, or considering a change _____

What did you like most about this job? _____

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Next previous employer _____ Employed from _____ to _____

Street Address _____ Salary (monthly) at start _____ to _____

City _____ State _____ Zip _____ Telephone ____/____

Name of your direct supervisor _____ Your title _____

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Any experience with children? Yes No If yes, please give description of children:

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What did you like most about this job? _____

What did you like least about this job? _____

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COMPLETE IF APPLYING TO WORK WITH CHILDREN

Why do you want to work with and care for children? _____

With what age group or sex do you prefer to work? Why? _____

What is your philosophy about discipline? _____

What do you do when you are upset or angry about something? _____

Are you a pedophile or child abuser? Yes No

Have you ever been accused of being a pedophile or child abuser? Yes No If yes, please explain:

Other than through employment, how are you involved with children? _____

List the 3 greatest strengths and the 3 most difficult problems you have in working with children:

GREATEST STRENGTHS**MOST DIFFICULT PROBLEMS**

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

SPECIAL SKILLS

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

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

TYPE**LEVEL****EXPIRATION DATE**

List equipment, machinery, or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and/or years of experience. _____

EDUCATION

PRINT NAME, CITY AND STATE
FOR EACH SCHOOL LISTED

DATES

TYPE OF COURSE
OR MAJOR

GRAD-
UATED?

DEGREE
RECEIVED

| | | | | | |
|-------------------------------|--|------------|--|--|--|
| High School | | From _____ | | | |
| | | To _____ | | | |
| College | | From _____ | | | |
| | | To _____ | | | |
| Trade, Bus., Night or Corres. | | From _____ | | | |
| | | To _____ | | | |
| Other | | From _____ | | | |
| | | To _____ | | | |

Are you presently in school? Yes No If yes, give expected completion date _____

If not a high school graduate, indicate highest grade completed _____

If not high school graduate, have you earned a General Educational Development (GED) or high school equivalency?

Yes No

PERSONAL REFERENCES (Not Employers)

List four references. Must include one relative. At least one reference must be a male and one reference a female.

| Name and Home Address | Business/Address, If Applicable | Phone Numbers | Know In What Capacity? (friend, pastor, etc.) | How Long Known? |
|-----------------------|---------------------------------|---------------------|---|-----------------|
| | | Day: _____ _____ | | |
| | | Day: _____ _____ | | |
| | | Day: _____ _____ | | |
| | | Day: _____ _____ | | |

List below 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 named 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, previous 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 justification for refusal of employment, or if employed, sufficient cause for my dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the YMCA. I am free at any time to voluntarily terminate my employment. If I give proper notice of termination, the YMCA 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 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 personnel policy 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 understand that beginning and continuing employment at the YMCA may depend, in part, on the following:

1. Passing a drug screen and/or physical examination, if requested by the YMCA, to be given by a doctor, nurse, or medical facility selected by the YMCA.
2. Satisfying the YMCA's requirements concerning:
 - A. My driving record
 - B. My criminal history record
 - C. Reference checks, and
 - D. Documents required by law

I understand that as long as my employment with the YMCA lasts, the YMCA may repeat any or all of the above requirements at any time.

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 the above statements and accept the same as a condition of my employment with the YMCA.

Signature of Applicant

Date