



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 will meet all minimum qualifications required for the position for which you are applying. All applicants considered for employment will receive a thorough criminal background investigation. Applicants are also subject to a pre-employment, post-offer drug screen.

Answer all questions completely.

PERSONAL DATA

Name _____ Date _____
Last First Middle

Address _____ Telephone: Home _____ / _____
Street City Zip

Email _____ Mobile/Other _____ / _____

Are you 18 years of age, or older? Yes ___ No ___

Are you authorized to work in the United States? Yes ___ No ___ (Upon commencement of employment you must provide documents which establish your identity and authorization to work in the United States.)

Other names used during prior employment _____
Maiden name, other surnames, etc.

GENERAL INFORMATION

Applying for position as _____ Acceptable Salary Range _____

Full-time ___ Part-time ___ Seasonal/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 with any YMCA? Yes ___ No ___ Worked for any YMCA? Yes ___ No ___

If so, when? _____ Location _____

How were you referred to the YMCA?

___ Employee ___ Advertisement ___ School ___ Walk in ___ Internet ___ Other

Name of referral source indicated above _____

Have you ever pled "guilty" or "no contest" to or been convicted of a felony? Yes ___ No ___

Disclosure of convictions does not automatically disqualify you from employment consideration.

If yes, give dates and circumstances _____

Have you failed to be reemployed, ever been involuntarily discharged, fired or asked to resign a position? Yes ___ No ___

If yes, give dates and circumstances _____

EMPLOYMENT HISTORY

List all positions you have held, beginning with your most recent. Include self-employment and volunteer work. Attach an additional sheet, if necessary. Incomplete information could disqualify you from further consideration.

Current, or last, employer _____ Employed from _____ to _____
Street address _____ Salary (monthly): starting _____ ending _____
City _____ State _____ Zip _____ Telephone ____/____
Name and title of immediate supervisor _____
Your title _____ Full-time ____ Part-time ____ Seasonal/Temp ____
List major duties performed in this position:

Any supervisory experience? Yes ____ No ____ If yes, describe _____

Reason(s) for leaving _____

What did you like most about this job? _____

What did you like least about this job? _____

Are you eligible to be rehired? Yes ____ No ____

May we contact this employer while we are considering your application? Yes ____ No ____
(If no, please note upon your acceptance of our offer, the employer may be contacted for verification of employment)

Current, or last, employer _____ Employed from _____ to _____
Street address _____ Salary (monthly): starting _____ ending _____
City _____ State _____ Zip _____ Telephone ____/____
Name and title of immediate supervisor _____
Your title _____ Full-time ____ Part-time ____ Seasonal/Temp ____
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(If no, please note upon your acceptance of our offer, the employer may be contacted for verification of employment)

PROFESSIONAL / PERSONAL REFERENCES

List three references. Must include one relative.

| Name and Home Address | Firm Name/Address, if Applicable | Phone Numbers | Known in what capacity? (friend, pastor, etc.) | How long known |
|-----------------------|----------------------------------|--------------------------|--|----------------|
| | | Day: _____ Eve: _____ | | |
| | | Day: _____ Eve: _____ | | |
| | | Day: _____ Eve: _____ | | |

List below the names of relatives, friends or acquaintances employed by this association and their relationship to you.

SPECIAL SKILLS

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

List all current special licenses, permits, certifications with level or credit 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.

| Skill | Level of ability: | Basic | Intermediate | Advanced |
|-------|-------------------|--------------------------|--------------------------|--------------------------|
| _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

YMCA CHILD ABUSE POLICY

The YMCA makes an active effort to prevent child abuse by (some examples may include, but are not limited to):

- A thorough background check, including but not limited to, references of past employers, personal references, the military, educational institutions, volunteer organizations, civic groups, personal character, health and activities.
- 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 the programs, including baby-sitting or inviting children home.
- Testing for illegal substances.
- Psychological testing.
- Criminal history records check.

| EDUCATION | Print Name, City and State for Each School Listed | Circle Year Completed | Type Course or Major | Graduated | Degree Received |
|-----------------------|---|-----------------------|----------------------|-----------|-----------------|
| GED | | 1 2 3 4 | | Yes | |
| | | | | No | |
| High School | | 1 2 3 4 | | Yes | |
| | | | | No | |
| College | | 1 2 3 4 | | Yes | |
| | | | | No | |
| College | | 1 2 3 4 | | Yes | |
| | | | | No | |
| Vocational / Business | | 1 2 3 4 | | Yes | |
| | | | | No | |
| Other | | 1 2 3 4 | | Yes | |
| | | | | No | |

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

List courses you are taking _____

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 school, 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 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 such policies. 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/or 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, my 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.

Convictions: 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.

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

Signature of Applicant _____ Date _____

YMCA OF CENTRAL KENTUCKY – CHILD ABUSE PREVENTION CODE OF CONDUCT

1. In order to protect YMCA staff, volunteers, and program participants - at no time during a YMCA program may a staff person be alone with a single child where they cannot be observed by others. As staff supervise children, they should space themselves in a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, doors to the facility must remain open. No child regardless of age should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff.
4. Staff should conduct or supervise private activities in pairs - diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse children including:
 - physical abuse - strike, spank, shake, slap;
 - verbal abuse - humiliate, degrade, threaten;
 - sexual abuse - inappropriate touch or verbal exchange;
 - mental abuse - shaming, withholding love, cruelty;
 - neglect - withholding food, water, basic care, etc.Any type of abuse will not be tolerated and may be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement and encouragement rather than competition, comparison and criticism. Staff will have age appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner and must be documented in writing.
7. Staff will conduct a health check of each child, each day, as they enter the program, noting any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a nonthreatening way. Any questionable marks or responses will be documented.
8. Staff respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, culture.
9. Staff will respect children's right to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched in areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.
11. While the YMCA does not discriminate against an individual's life-style, it does require that in the performance of their job they will abide by the standards of conduct set forth by the YMCA.
12. Staff must appear clean, neat, and appropriately attired.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
15. Profanity, inappropriate jokes, sharing intimate details of one's personnel life, and any kind of harassment in the presence of children or parents is prohibited.
16. Staff must be free of physical or psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.
18. Staff may not be alone with children they meet in YMCA programs outside of the YMCA. This includes baby-sitting, sleepovers, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval.
19. Staff are not to transport children in their own vehicles.
20. Staff may not date program participants under the age of 18 years of age.
21. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
22. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.

I understand that any violation of the Code of Conduct may result in termination.

Employee Signature

Supervisor Signature

Date

The Redwoods Group thanks and acknowledges the cooperation of the YMCA of the USA for permitting the verbatim reproduction (except for the format change to two columns on a single page) of this critical personnel management tool.