



**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 \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Last First Middle

Current Address \_\_\_\_\_ Telephone: Home \_\_\_\_/\_\_\_\_  
 Street City Zip Business \_\_\_\_/\_\_\_\_

Last Previous Address \_\_\_\_\_ to \_\_\_\_\_  
 Street City Zip 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 \_\_\_\_\_

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**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

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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 \_\_\_\_\_

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

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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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Reason(s) for terminating, or considering a change \_\_\_\_\_

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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. \_\_\_\_\_

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## 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: _____ Eve: _____		
		Day: _____ Eve: _____		
		Day: _____ Eve: _____		
		Day: _____ Eve: _____		

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