



COLE CENTER FAMILY YMCA Employment Application

GENERAL INFORMATION

PLEASE PRINT AND ANSWER ALL QUESTIONS TRUTHFULLY AND COMPLETELY. RESUMES MUST BE ACCOMPANIED BY AN APPLICATION

Date: _____ Position(s) applying for: _____
Branch(s): _____ Date available to begin work: _____

Interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Shift(s) Available: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights	Hours available to work (part-time only): Please Specify: _____	Days of the week you are available to work: (please circle) M Tue W Thurs F Sat Sun
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Name: _____ Social Security Number: _____
Present Address: _____

_____ Street _____ State _____ City _____ Zip Code _____

Phone Number: _____ Alternate Phone Number: _____ Email: _____

Have you ever worked for a YMCA before: Yes No
If yes, what location _____ when _____

How did you hear about this position: _____

Are you authorized to work in the United States: Yes No
**If hired, you will be required to furnish proof of employment eligibility according to Federal Law.*

Have you ever been convicted of a felony, child abuse or sex-related crimes? Yes No
If yes, please explain: _____

What languages do you speak fluently (other than English):
 No Yes, please specify: _____

Are you at least 18 years of age: Yes No
Are you at least 21 years of age: Yes No
If under the age of 18, can you provide a "Work Permit" for the YMCA: Yes No
**If under the age of 18 you will be subject to employment laws for minors*

If hired for a position that requires driving, do you have a valid Indiana Driver's license:
 Yes No If yes, do you have reliable transportation: Yes No

Why do you think you are a good candidate for this position?

EDUCATION HISTORY

	Name and Location	Courses/ Major	Graduated?	Degree Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Voc School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

TRAINING AND CERTIFICATIONS

Certifications/Skills	Expires:	Type of training/skills/additional info:
First Aid:		
CPR:		
Life Guarding:		
Instructor Certifications:		
Professional Licenses:		
YMCA Certificates:		
YMCA Training:		
Other Specialized Skills/Training:		
Office Skills/Software:		

EMPLOYMENT HISTORY

Employer:	Phone #:	Dates of Employment:
Address:		Title:
Primary Responsibilities:		Starting Rate of Pay: <input type="checkbox"/> Hrly <input type="checkbox"/> Salary \$ per
Reason for leaving:		Ending Pay: <input type="checkbox"/> Hrly <input type="checkbox"/> Salary \$ per
Name and Title of Supervisor:		May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No

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Reason for leaving:		
Name and Title of Supervisor:		May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any volunteer work, other experience, interest, training, or honors received that you feel is relevant to your ability to perform this job:

REFERENCES

Please list one family member and two professional references.

Name	Relationship to you	Phone Number	Alternate #	Years Known

PRE-EMPLOYMENT STATEMENT

I understand that this application is only valid for the position applied for at present and that the YMCA is not obligated to retain or consider this application for future openings.

_____ **Initial**

I authorize investigation of all statements contained in this application. I understand that any falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application for consideration. I authorize any person, school, law enforcement agency, current or past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

_____ **Initial**

If employed by the YMCA I will abide by YMCA policies and rules. I am also aware that the YMCA of Greater Fort Wayne is a Christian-oriented association; I agree to uphold its ideals and policies, and conduct myself in a manner with mission and Core Values of Honesty, Caring, Respect, and Responsibilities. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive during the course of my work.

_____ **Initial**

I understand that according to the YMCA of Greater Fort Wayne's policies, my employment is conditional upon my satisfactorily passing a Drug Screening, Criminal History search, National Sex Offender Registry search, and Central Registry (depending on job requirements).

_____ **Initial**

If I am employed by the YMCA I understand my employment is at will and can be terminated, with or without cause and with or without notice, at any time by the YMCA or myself.

_____ **Initial**

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this application and/or resume are true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated on this application. This application contains all the understandings and agreements between me and the YMCA concerning the nature of my employment, if any, by the YMCA and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the YMCA.

Signature of Applicant: _____ **Date:** _____

SUPPLEMENT TO APPLICATION:
(Please fill out if applying to work with children)

What ages do you prefer to work with? (Please circle all that apply)

Infants

Preschool

High School

Toddlers

School Age

Special Classes

Please elaborate on your previous job experience or involvement with children?

How has your past work experience or involvement prepared you for working with children?

Please explain your discipline philosophy:

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

ACTIVITY INFORMATION

Please rank in order the activity area below using the following scale:

1. **Highly Skilled**; can instruct, set-up lesson plans, demonstrate proficiency, organize or supervise.
2. **Moderately Skilled**; can operate a safe program; teach competently & confidently without guidance.
3. **Moderate Knowledge/Experience**; could assist an instructor.

___ Technology

___ Communications

___ Tutoring

___ Youth Development

___ Sports: (Please list) _____

___ Fitness: (Please list) _____

___ Swimming/Swim Instruction

___ Other _____

