



Young Men's Christian Association
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 based on 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.

Why we are a YMCA:

The Cleveland County Family YMCA feels a strong responsibility to the community to be a vital force for wholesome and healthy living experiences. We are committed to fulfill our role by being true to the following mission statement, goals and objectives.

YMCA Mission:

Helping all people reach their God given potential in spirit, mind and body.

Goals and objectives:

To experience Christian ideals and values, YMCAs offer to men, women, boys, and girls who participate in their programs, opportunities that will help them to:

- ✓ Develop a faith for daily living based upon the teachings of Jesus, that they may thereby be helped in achieving their highest potential as children of God.
- ✓ Develop self-confidence, self-respect and an appreciation of their own worth as individuals.
- ✓ Grow as responsible members of their families and citizens of their communities.
- ✓ Appreciate that health of mind and body is a sacred gift and that physical fitness and mental well-being are conditions to be achieved and maintained.
- ✓ Recognize the worth of all persons and work for interracial and intergroup understanding.
- ✓ Develop a sense of world-mindedness and work for worldwide understanding.
- ✓ Develop capacities for leadership and use them responsibly in their own group and in community life.
- ✓ Develop an appreciation of nature and the fullness of God's bounty.

Expectations of a YMCA staff member:

A YMCA staff member is responsible for the safety of the participants and for creating an enthusiastic and caring atmosphere. All positions require programming of activities and a great deal of relationship building. A "Y" staff member must be caring, a good listener, patient, and a bit crazy. A "Y" staff member should understand and accept many expectations, as set forth by the YMCA, including but not limited to the following:

- ✓ Be enthusiastic and willing to cheer, clap, sing and lead groups.
- ✓ Have high moral values and be an exemplary role model.
- ✓ Hold safety of participants and staff as a number one priority.
- ✓ Have concern for others and emphasize the best in each individual.
- ✓ Be industrious, punctual and dependable.
- ✓ Be neat in appearance, particularly concerning clothes and hairstyle, avoiding extremes.
- ✓ Attend all staff training sessions before the start of the program and all staff meetings during the time of employment.
- ✓ Limit any smoking to time away from work and use no illegal drugs at any time.
- ✓ Agree, if you are 21 or over and choose to use alcoholic beverages, to do so responsibly and discreetly. Agree, if you are not 21, not to use alcoholic beverages, according to the laws of the State of North Carolina.

Anyone who has a genuine concern for others and is willing to follow the above expectations is encouraged to submit an application for employment.

(ANSWER ALL QUESTIONS COMPLETELY)

PERSONAL DATA

Name _____
Last First Middle

Date _____

Current Address _____
Street

Telephone: Home _____
Business _____

Previous Address _____
Street

E-mail _____

City State Zip

_____ to _____
Dates living at this address

City State Zip

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

City County State # of years

City County State # of years

Are you 18 years of age, or over? Yes No

Are you a veteran? Yes No

If Yes, Dates of 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.

FURNISH THIS INFORMATION ONLY IF REQUESTED

Social Security Number _____

Driver's License Number _____ State _____ Class _____

How many moving violations during the last 3 years? _____

Do you currently have liability insurance? _____

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? _____

Have you ever pleaded 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 reemployed, 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 _____
City _____ State _____ Zip _____ Telephone _____
Name of your direct supervisor _____ Your Title _____
Briefly describe your responsibilities: _____

What did you like most about this job? _____
What did you like least about this job? _____
Reason(s) for terminating, or considering a change: _____

Next previous employer _____ Employed from _____ to _____
Street address _____ Salary (monthly) at start _____
City _____ State _____ Zip _____ Telephone _____
Name of your direct supervisor _____ Your Title _____
Briefly describe your responsibilities: _____

What did you like most about this job? _____
What did you like least about this job? _____
Reason(s) for terminating: _____

Next previous employer _____ Employed from _____ to _____
Street address _____ Salary (monthly) at start _____
City _____ State _____ Zip _____ Telephone _____
Name of your direct supervisor _____ Your Title _____
Briefly describe your responsibilities: _____

What did you like most about this job? _____
What did you like least about this job? _____
Reason(s) for terminating: _____

EDUCATION

PRINT NAME, CITY AND STATE FOR EACH SCHOOL LISTED

High School	_____	Dates Attended	_____	to	_____
		Graduated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College	_____	Dates Attended	_____	to	_____
		Graduated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
College	_____	Dates Attended	_____	to	_____
		Graduated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Trade School	_____	Dates Attended	_____	to	_____
		Graduated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Other	_____	Dates Attended	_____	to	_____
		Graduated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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

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

If not a high school graduate, have you earned a GED or high school equivalency? Yes No

SPECIAL SKILLS

List all current special license(s), permit(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. _____

PERSONAL REFERENCES (Not Employers)

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

1. Name _____	Home Phone _____	Business Phone _____
Relation? _____	How long known? _____	
2. Name _____	Home Phone _____	Business Phone _____
Relation? _____	How long known? _____	
3. Name _____	Home Phone _____	Business Phone _____
Relation? _____	How long known? _____	
4. Name _____	Home Phone _____	Business Phone _____
Relation? _____	How long known? _____	

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, 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 that 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 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 understand and support the YMCA's position on the problem of child abuse.

I understand that beginning and continuing employment at the YMCA depends, 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. Step One Survey,
 - B. My driving record,
 - C. My criminal history record,
 - D. Reference checks, and
 - E. 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 of 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